

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

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

Federal Transit Capital Improvement  
Grant (Section 3), State Application  
Identifier Number WI950208-012-N20500ZZ

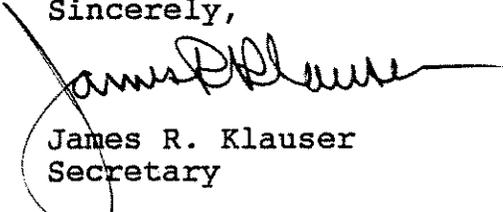
Dear Secretary Thompson:

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

|   |   |   |
|---|---|---|
| <b>1</b> Applicant Agency<br>Department of Transportation   | <b>2</b> CFDA # <u>20.50.0</u>  | <b>3</b> Agency I.D. (Optional)   |
| <b>4</b> Address (Street/City/State/Zip)<br>4802 Sheboygan Ave., PO Box 7914<br>Madison, WI 53707-7914<br><br>Contact Person (608)<br>Richard A. Martin Phone 266-6812  | <b>5</b> Federal Agency to Receive Request<br>Federal Transit Administration  |   |
|   | <b>6</b> Period of Funding Mo/Day/Year<br><u>10/01/95</u><br><u>09/30/97</u>  | <b>7</b> Application Due Date Mo/Day/Year<br>01/27/95   |
| <b>8</b> Agency Project Title<br>Federal Transit Section 3 <u>Capital Improvement</u><br><u>Assistance Grant</u>  | <b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>None Notified</u> <u>None</u><br><u>WT</u><br><u>All</u> |   |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | <b>12</b> Type of Assistance Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____   | <b>10</b> Area of Impact Counties/States<br>Sheboygan <u>RR PC</u><br>Appleton <u>ECR PC</u><br>Beloit <u>Deck Co.</u><br>Eau Claire <u>WCR PC</u><br>Janesville<br>Kenosha <u>SEWR PC</u><br>Racine, Wausau <u>NR PC</u> |

| <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 _____   |         |              |              |               |      |                    |      |
| Numeric Appropriation   | Source  | Revenue Type | Amount       | New Positions |      | Existing Positions |      |
|   |         |              |              | No. (FTE)     | Type | No. (FTE)          | Type |
| 481   | Federal |              | \$ 4,720,000 | None          |      | None               |      |
| 471   | Local   |              | \$ 1,155,513 |               |      |                    |      |
|   |         |              | \$           |               |      |                    |      |
|   |         |              | \$           |               |      |                    |      |
|   |         |              | \$           |               |      |                    |      |
|   |         |              | \$           |               |      |                    |      |
|   |         |              | \$           |               |      |                    |      |
|   |         |              | \$           |               |      |                    |      |
|   |         |              | \$           |               |      |                    |      |

|  |            |   |  |
|--|------------|---|--|
| <b>15</b> Indirect Cost Reimbursement                |            |   |  |
| <input type="checkbox"/> Yes                         | Rate _____ | Base _____  | Amount _____ <input checked="" type="checkbox"/> No        |
| <b>16</b> Authorizations                             |            | Authorized Agency Representative (Type or Print)<br>John H. Evans | Title if other than Agency Secretary<br>Div. Administrator |
| <input checked="" type="checkbox"/> Delegated Review |            | Signature<br><i>John H. Evans</i>                                 | Date<br>1/27/95  |

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

|  |                             |                                     |
|--|-----------------------------|-------------------------------------|
| Reviewing Analyst <u>Doug Percy</u>  | Phone <u>6-1039</u>         | SAI Number <u>WI-95008-012-N 20</u> |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Received <u>2-8-95</u> | 500                                 |
| Signature <u>Doug Percy</u>  | Date <u>2/11/95</u>         | 22                                  |
| Date Due <u>2-22-95</u>  |                             |                                     |

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

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

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

National Diffusion Network  
(State Facilitator Project),  
State Application Identifier  
Number WI950202-009-N84073XX

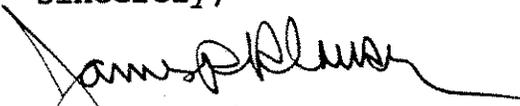
Dear Superintendent Benson:

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.

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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  
DCA-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<br>Wis. Dept. of Public Instruction  |         | <b>2</b> CFDA # <u>84.0730</u>   |            | <b>3</b> Agency I.D. (Optional)  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|--|---------|--|------------|--|------|---------------------------------------|-----------------|--|--|---------------|--|--------------------|--|-----------------------|--------|--------------|--------|-----------|------|-----------|------|---------|---------|-----|------------|------|--|-----|-----------------|---------|--|--|----|--|--|---|-----------|-----------|--|--|----|--|--|--|--|------|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| <b>4</b> Address (Street/City/State/Zip)<br>125 South Webster Street<br>Madison, WI 53703<br>Contact Person<br>William H. Ashmore Phone 267-9179                     |         | <b>5</b> Federal Agency to Receive Request<br>OE/OERI/NDN  |            | <b>6</b> Period of Funding Mo/Day/Year<br>7/1/95<br>6/30/96  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>7</b> Application Due Date Mo/Day/Year<br>2/13/95   |         | <b>8</b> Agency Project Title<br>State Facilitator Project<br>National Diffusion Network   |            | <b>9</b> Executive Order 12372 Review Required<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Clearinghouses: Notified Dates<br>_____<br>_____<br>_____ All |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
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| <b>13</b> Number of Years Previously Funded _____  |         | <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="4">Total Federal Funds Applied For _____</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>Numeric Appropriation</th> <th>Source</th> <th>Revenue Type</th> <th>Amount</th> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>100-255</td> <td>Federal</td> <td>SLC</td> <td>\$ 166,490</td> <td>none</td> <td></td> <td>1.0</td> <td>Ed Consult Perm</td> </tr> <tr> <td>8209/48</td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td>5</td> <td>PA 3 Perm</td> </tr> <tr> <td>EQ4-2740-</td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5000</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> |            |  |      | Total Federal Funds Applied For _____ |                 |  |  | New Positions |  | Existing Positions |  | Numeric Appropriation | Source | Revenue Type | Amount | No. (FTE) | Type | No. (FTE) | Type | 100-255 | Federal | SLC | \$ 166,490 | none |  | 1.0 | Ed Consult Perm | 8209/48 |  |  | \$ |  |  | 5 | PA 3 Perm | EQ4-2740- |  |  | \$ |  |  |  |  | 5000 |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |
| Total Federal Funds Applied For _____  |         |  |            | New Positions  |      | Existing Positions                    |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Numeric Appropriation  | Source  | Revenue Type   | Amount     | No. (FTE)  | Type | No. (FTE)                             | Type            |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 100-255  | Federal | SLC  | \$ 166,490 | none   |      | 1.0                                   | Ed Consult Perm |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 8209/48  |         |  | \$         |  |      | 5                                     | PA 3 Perm       |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| EQ4-2740-  |         |  | \$         |  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 5000   |         |  | \$         |  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |  | \$         |  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |  | \$         |  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |  | \$         |  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |  | \$         |  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>15</b> Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>6.3</u> Base <u>156,623</u> Amount <u>9,867</u> <input type="checkbox"/> No |         |  |            |  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>16</b> Authorizations<br><input type="checkbox"/> Delegated Review  |         | Authorized Agency Representative (Type or Print)<br>John T. Benson<br>Signature _____  |            | Title if other than Agency Secretary<br>State Superintendent<br>Date<br>February 1, 1995   |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>   |         |  |            |  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Reviewing Analyst <u>Rob Crane</u> Phone <u>6-1923</u>   |         | SAI Number <u>WI950202-009-N</u>   |            | Date Received <u>2-2-95</u>  |      | Date Due <u>2-13-95</u>               |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Recommendation <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny                            |         | Signature <u>Robert Crane</u> Date <u>2-23-95</u>  |            | Date Received <u>2-2-95</u>  |      | Date Due <u>2-13-95</u>               |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| COMMENTS:  |         |  |            |  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <input checked="" type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet   |         |  |            |  |      |                                       |                 |  |  |               |  |                    |  |                       |        |              |        |           |      |           |      |         |         |     |            |      |  |     |                 |         |  |  |    |  |  |   |           |           |  |  |    |  |  |  |  |      |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |

84  
073  
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 22, 1995

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

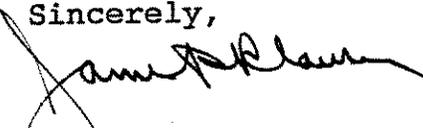
Promotion of the Arts-  
Folk Arts (Folk Arts  
Apprenticeships), State  
Application Identifier  
Number WI950310-049-N45015XX

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.

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

Sincerely,

  
James R. Klauser  
Secretary

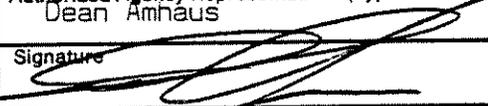
The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

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

Promotion of the Arts Folk Arts

| 1 Applicant Agency<br>Wisconsin Arts Board  |            | 2 CFDA # <u>45-015</u>   |           | 3 Agency ID (Optional)   |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
|---|------------|--|-----------|--|--------|------------------------------|------|------------------------------|------|----|---------|------|-----------|--|--|--|--|----|------------|-----|-----------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|---|--|
| 4 Address (Street/City/State/Zip)<br>101 E. Wilson St, 1st Floor  |            | 5 Federal Agency to Receive Request<br>National Endowment for the Arts   |           | 6 Period of Funding Mo/Day/Year<br><u>10/1/95</u>  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
| Contact Person<br>Rick March Phone 6-2513   |            | 7 Application Due Date<br>Mo/Day/Year<br><u>9/30/96</u>  |           | 8 Agency Project Title<br>Folk Arts Apprenticeships  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
| 11 Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified   |            | 12 Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other _____ |           | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>No Fed</u><br><u>ET</u> |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
| 13 Number of Years Previously Funded <u>9</u>   |            | 10 Area of Impact<br>Counties/States<br>Statewide  |           | 14 Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>\$10,000</u>  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
| <table border="1"> <thead> <tr> <th>Numeric Appropriation</th> <th>Source</th> <th>Revenue Type</th> <th>Amount</th> <th>New Positions No. (FTE)</th> <th>Type</th> <th>Existing Positions No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>ES</td> <td>Federal</td> <td>PROF</td> <td>\$ 10,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DC</td> <td>State(GPR)</td> <td>GPR</td> <td>\$ 10,000</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 No. (FTE)      | Type | Existing Positions No. (FTE) | Type | ES | Federal | PROF | \$ 10,000 |  |  |  |  | DC | State(GPR) | GPR | \$ 10,000 |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  | 15 Indirect Cost Reimbursement<br><input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No |  | 16 Authorizations<br><input type="checkbox"/> Delegated Review<br>Authorized Agency Representative (Type or Print)<br>Dean Amhaus<br>Signature <br>Date 2/28/95<br>Title if other than Agency Secretary<br>Executive Director |  |
| Numeric Appropriation   | Source     | Revenue Type   | Amount    | New Positions No. (FTE)  | Type   | Existing Positions No. (FTE) | Type |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
| ES  | Federal    | PROF   | \$ 10,000 |  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
| DC  | State(GPR) | GPR  | \$ 10,000 |  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
|   |            |  | \$        |  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
|   |            |  | \$        |  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
|   |            |  | \$        |  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
|   |            |  | \$        |  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
|   |            |  | \$        |  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
|   |            |  | \$        |  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
|   |            |  | \$        |  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
|   |            |  | \$        |  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |
|   |            |  | \$        |  |        |                              |      |                              |      |    |         |      |           |  |  |  |  |    |            |     |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |   |  |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Brian Pahnke Phone 4-8259 SAI Number WI950310-049-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 3-10-95  
 Signature Brian Pahnke Date 3/16/95 Date Due 3-24-95 450R

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 22, 1995

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

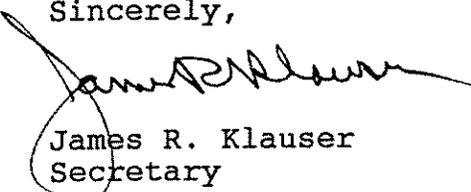
Promotion of the Arts-Media  
Arts (Down Home Dairyland  
Radio Distribution), State  
Application Identifier  
Number WI950310-050-N45006XX

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.

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

Promotion of the Arts - Media Arts

| <b>1</b> Applicant Agency<br>Wisconsin Arts Board  |   | <b>2</b> CFDA # <u>45-006</u>  |   |               |      |                    |      |
|--|---|--|---|---------------|------|--------------------|------|
| <b>3</b> Agency I.D. (Optional)  |   |  |   |               |      |                    |      |
| <b>4</b> Address (Street/City/State/Zip)<br>101 E. Wilson St, 1st Floor  |   | <b>5</b> Federal Agency to Receive Request<br>Nat'l Endowment for the Arts   |   |               |      |                    |      |
| Contact Person<br>Rick March Phone 6-2513  |   | <b>6</b> Period of Funding, Mo/Day/Year<br>10/1/95<br>9/30/96  | <b>7</b> Application Due Date<br>Mo/Day/Year<br>3/1/95                        |               |      |                    |      |
| <b>8</b> Agency Project Title<br>Down Home Dairyland Radio Distribution  |   | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>Noted</u><br><u>EO required</u><br>All |   |               |      |                    |      |
| <b>10</b> Area of Impact<br>Counties/Stages<br>Statewide   |   |  |   |               |      |                    |      |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input checked="" type="checkbox"/> Continuation-Modified | <b>12</b> Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other _____ |  |   |               |      |                    |      |
| <b>13</b> Number of Years Previously Funded <u>1</u>   |   |  |   |               |      |                    |      |
| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)  |   |  |   |               |      |                    |      |
| Total Federal Funds Applied For <u>20,800</u>  |   |  |   |               |      |                    |      |
| Numeric Appropriation  | Source  | Revenue Type   | Amount  | New Positions |      | Existing Positions |      |
|  |   |  |   | No. (FTE)     | Type | No. (FTE)          | Type |
| <u>EQ</u>  | <u>Federal</u>  | <u>PR-F</u>  | <u>\$20,800</u>   |               |      |                    |      |
|  | <u>other</u>  |  | <u>\$30,500</u>   |               |      |                    |      |
|  |   |  | \$  |               |      |                    |      |
|  |   |  | \$  |               |      |                    |      |
|  |   |  | \$  |               |      |                    |      |
|  |   |  | \$  |               |      |                    |      |
|  |   |  | \$  |               |      |                    |      |
|  |   |  | \$  |               |      |                    |      |
|  |   |  | \$  |               |      |                    |      |
| <b>15</b> Indirect Cost Reimbursement<br><input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No  |   |  |   |               |      |                    |      |
| <b>16</b> Authorizations<br><input type="checkbox"/> Delegated Review  |   | Authorized Agency Representative (Type or Print)<br>Dean Amhaus<br>Signature   | Title if other than Agency Secretary<br>Executive Director<br>Date<br>2/28/95 |               |      |                    |      |
| <b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>   |   |  |   |               |      |                    |      |
| Reviewing Analyst <u>Brian Pakhke</u> Phone <u>4-82</u>  |   | SAI Number <u>WI 950310-050-N</u>  |   |               |      |                    |      |

45006  
X8

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 22, 1995

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

Project for Assistance in Transition  
from Homelessness (PATH), State  
Application Identifier Number  
WI950320-057-N93150XX

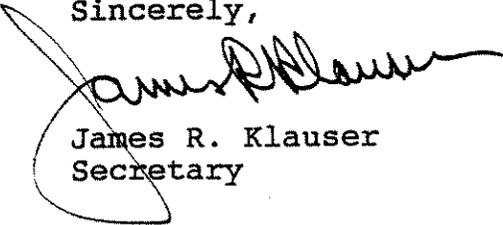
Dear Acting Secretary Lorang:

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)

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<br>WI Dept. of Health & Social Svcs.   |        | <b>2</b> CFDA # <u>93150</u>  | <b>3</b> Agency ID (Optional)                                    |  |                    |                              |                         |
| <b>4</b> Address (Street/City/State/Zip)<br>1 West Wilson St. Rm 433<br>Madison WI 53707<br>Contact Person<br>Michael Moskoff Phone 608 266-2712   |        | <b>5</b> Federal Agency to Receive Request<br>Center for Mental Health Svcs.  |  |  |                    |                              |                         |
| <b>8</b> Agency Project Title<br><u>Project for Assistance in Transition<br/>                 From Homelessness (PATH)</u>   |        | <b>6</b> Period of Funding Mo/Day/Year<br><u>10/1/94 - 9/30/95</u>  | <b>7</b> Application Due Date Mo/Day/Year<br><u>3/15/95 3/24</u> |  |                    |                              |                         |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |        | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>No WT EO</u><br>All |  |  |                    |                              |                         |
| <b>12</b> Type of Assistance<br>Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____  |        | <b>10</b> Area of Impact Counties/States<br>Statewide   |  |  |                    |                              |                         |
| <b>13</b> Number of Years Previously Funded <u>4th</u>   |        |   |  |  |                    |                              |                         |
| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>\$359,000</u>  |        |   |  |  |                    |                              |                         |
| Numeric Appropriation  | Source | Revenue Type  | Amount   | New Positions No. (FTE)  | New Positions Type | Existing Positions No. (FTE) | Existing Positions Type |
| 641  | PRF    | FED   | \$ 35,900  | 0  | 0                  | .5                           | Perm.                   |
| 741  | PRF    | FED   | \$ 323,100   | -  | -                  | -                            | -                       |
| 787  | GPR    | State   | \$ 65,817  |  |                    |                              |                         |
|  |        | Local   | \$ 53,850  |  |                    |                              |                         |
|  |        |   | \$   |  |                    |                              |                         |
|  |        |   | \$   |  |                    |                              |                         |
|  |        |   | \$   |  |                    |                              |                         |
|  |        |   | \$   |  |                    |                              |                         |
| <b>15</b> Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>5.2%</u> Base <u>21,358</u> Amount <u>1,111</u> <input type="checkbox"/> No   |        |   |  |  |                    |                              |                         |
| <b>16</b> Authorizations<br><input checked="" type="checkbox"/> Delegated Review   |        | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature _____  |  | Title if other than Agency Secretary<br>Deputy Secretary<br>Date _____ |                    |                              |                         |
| DEPARTMENT OF ADMINISTRATION USE ONLY  |        |   |  |  |                    |                              |                         |
| Reviewing Analyst <u>Catherine Fossava</u> Phone <u>6-2288</u>   |        |   |  | SAI Number <u>WI 950300-057-N</u>                                      |                    |                              |                         |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny   |        |   |  | Date Received <u>3-20-95</u>   |                    |                              |                         |
| Signature <u>Catherine A. Fossava</u> Date _____   |        |   |  | Date Due <u>3-24-95</u>  |                    |                              |                         |

93150  
v v

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

*pf*

March 23, 1995

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

DOE/EPA Climate Wise State Partnership:  
Wisconsin Industrial Efficiency  
Collaborative, State Application  
Identifier Number WI950323-066-N00000XX

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. Klausner*

James R. Klausner  
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

|   |          |  |  |   |                                      |
|---|----------|--|--|---|--------------------------------------|
| 1 Applicant Agency<br><b>Department of Administration</b>   |          | 2 CFDA # _____   | 3 Agency I.D. (Optional)                         |   |                                      |
| 4 Address (Street/City/State/Zip)<br>101 E. Wilson Street, 6th Floor<br>Madison, WI 53707-7868<br>Contact Person<br>Jolene Anderson Phone 266-7375  |          | 5 Federal Agency to Receive Request<br><b>U.S. Department of Energy</b>  |  |   |                                      |
| 8 Agency Project Title<br><b>DOE/EPA Climate Wise</b>   |          | 6 Period of Funding Mo/Day/Year<br>5/1/95<br>4/30/97   | 7 Application Due Date<br>Mo/Day/Year<br>3/31/95 |   |                                      |
| 11 Type of Application<br><input checked="" type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |          | 12 Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other _____ |  | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified _____ Dates _____<br>_____<br>_____<br>All |                                      |
| 13 Number of Years Previously Funded <u>0</u>   |          | 10 Area of Impact<br>Counties/States<br><b>Statewide</b><br>_____<br>_____<br>_____  |  |   |                                      |
| 14 Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <b>\$80,000</b>   |          |  |  |   |                                      |
| Numeric Appropriation   | Source   | Revenue Type   | Amount   | New Positions<br>No. (FTE) Type   | Existing Positions<br>No. (FTE) Type |
| <u>142</u><br><del>142/148</del>  | Federal  | PR-F   | \$ 78,690  |   | 20% Perm                             |
|   | Indirect | PR-F   | \$ 1,310   |   |                                      |
|   |          |  | \$   |   |                                      |
|   |          |  | \$   |   |                                      |
|   |          |  | \$   |   |                                      |
|   |          |  | \$   |   |                                      |
|   |          |  | \$   |   |                                      |
|   |          |  | \$   |   |                                      |
| 15 Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>6%</u> Base <u>\$21,790</u> Amount <u>\$1,310</u> <input type="checkbox"/> No   |          |  |  |   |                                      |
| 16 Authorizations<br><input type="checkbox"/> Delegated Review  |          | Authorized Agency Representative (Type or Print)<br><b>Nathaniel E. Robinson</b><br>Signature _____                                    |  | Title if other than Agency Secretary<br><b>Administrator, Div. of Energy</b><br>Date and Intergovernmental Rel. <u>03/24/95</u>   |                                      |
| <b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>  |          |  |  |   |                                      |
| Reviewing Analyst <u>Michael Heifetz</u>  |          | Phone <u>267-0370</u>  |  | SAI Number <u>WI950323-066-N00000XX</u>   |                                      |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny  |          | Signature <u>Michael Heifetz</u>   |  | Date Received <u>3-23-95</u>  |                                      |
| Date <u>3-31-95</u>   |          | Date Due <u>3-30-95</u>  |  |   |                                      |

**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

*Services*  
**Family Violence Prevention +**

|   |  |   |
|---|--|---|
| 1 Applicant Agency<br>WI Department of Health & Social Services   | 2 CFDA # <u>93 • 671</u>   | 3 Agency I.D. (Optional)                          |
| 4 Address (Street/City/State/Zip)<br>Division of Community Services<br>1 W. Wilson Street, Madison WI 53707<br>Contact Person<br>Barbara Barnard Phone 608-266-2860   | 5 Federal Agency to Receive Request<br>ACF: Office of Community Services   | 7 Application Due Date<br>Mo/Day/Year<br>3-13-95  |
| 8 Agency Project Title<br><u>Domestic Abuse/Family Violence</u>   | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>Formula-excluded</u><br><u>Discretionary - yes</u><br>All | 10 Area of Impact<br>Counties/States<br>Statewide |
| 11 Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | 12 Type of Assistance<br>Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____   |   |
| 13 Number of Years Previously Funded <u>Nine (9)</u>  |  |   |

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

Total Federal Funds Applied For \$423,253

| Numeric Appropriation | Source  | Revenue Type | Amount    | New Positions |      | Existing Positions |      |
|-----------------------|---------|--------------|-----------|---------------|------|--------------------|------|
|                       |         |              |           | No. (FTE)     | Type | No. (FTE)          | Type |
| 641                   | Federal | PR-F         | \$423,253 |               |      | .575               | Perm |
|                       |         |              | \$        |               |      |                    |      |
|                       |         |              | \$        |               |      |                    |      |
|                       |         |              | \$        |               |      |                    |      |
|                       |         |              | \$        |               |      |                    |      |
|                       |         |              | \$        |               |      |                    |      |
|                       |         |              | \$        |               |      |                    |      |
|                       |         |              | \$        |               |      |                    |      |
|                       |         |              | \$        |               |      |                    |      |
|                       |         |              | \$        |               |      |                    |      |

15 Indirect Cost Reimbursement  
 Yes Rate 4.6% Base \$18,931 Amount \$870  No

16 Authorizations  
 Delegated Review

|   |   |
|---|---|
| Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature <i>Richard W. Lorang</i> | Title if other than Agency Secretary<br>Acting Secretary<br>Date<br>3-10-95 |
|---|---|

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Butcher Fossano Phone \_\_\_\_\_ SAI Number WI950320-058-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received 3-20-95

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due 4-3-95

COMMENTS:

*93*  
*671*  
*XX*

Comments Continued on Reverse or on a Separate Sheet

*320-partial to GR.*

# 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 Applicant Agency</b><br>WI Dept of Health & Social Services<br><b>4 Address (Street/City/State/Zip)</b><br>1 W. Wilson St., P.O. Box 7935<br>Madison, WI 53707<br>Contact Person<br>Susan G. Levy Phone 608/266-0578                  | <b>2</b> 93.572<br>CFDA # 93.572   | <b>3 Agency I.D. (Optional)</b><br>_____                 |
| <b>5 Federal Agency to Receive Request</b><br>Dept of Health & Human Services  | <b>6 Period of Funding Mo/Day/Year</b><br>10/1/94<br>9/30/95   | <b>7 Application Due Date Mo/Day/Year</b><br>ASAP        |
| <b>8 Agency Project Title</b><br>Emergency Community Services Homeless Grant Program (EHP)   | <b>9 Executive Order 12372 Review Required</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br>No Fed ED | <b>10 Area of Impact Counties/States</b><br>Statewide    |
| <b>11 Type of Application</b><br><input type="checkbox"/> New Grant<br><input checked="" type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | <b>12 Type of Assistance</b><br>Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____                        | <b>13 Number of Years Previously Funded</b><br>seven (7) |

**14 Funding, Allotment and Position Data (including Federal indirect costs)**  
 Total Federal Funds Applied For \$246,467

| Numeric Appropriation | Source  | Revenue Type | Amount     | New Positions |      | Existing Positions |      |
|-----------------------|---------|--------------|------------|---------------|------|--------------------|------|
|                       |         |              |            | No. (FTE)     | Type | No. (FTE)          | Type |
| 741                   | Federal | PRO-F        | \$ 246,467 | 0             |      | 0                  |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |

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

**16 Authorizations**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature<br> | Title if other than Agency Secretary Acting Secretary<br>Date<br>3-12-95 |
|--|--|--|

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Dutcher Fossa Phone \_\_\_\_\_ SAI Number WI 950328-067-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 3-28-95  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due 3-29-95

COMMENTS:  
 94 ID #  
 WI 940608 -  
 151 - N93572XX

93572  
XX

Comments Continued on Reverse or on a Separate Sheet

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

H-745-1  
Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

|   |             |   |   |  |   |   |  |
|---|-------------|---|---|--|---|---|--|
| 1 Applicant Agency<br>Department of Health & Social Services  |             |   |   | 2 CFDA # <u>66 • 032</u>   |   | 3 Agency I.D. (Optional)                          |  |
| 4 Address (Street/City/State/Zip)<br>Division of Health, Public Health<br>1 W. Wilson St., Madison WI 53702<br>Contact Person<br>Conrad Weiffenbach Phone 267-4797  |             |   |   | 5 Federal Agency to Receive Request  |   |   |  |
| 6 Period of Funding Mo/Day/Year<br>May 1, 1995<br>April 30, 1996  |             |   |   | 7 Application Due Date Mo/Day/Year<br><i>[Signature]</i>   |   |   |  |
| 8 Agency Project Title<br><u>State</u><br>Indoor Radon Grant  |             |   |   | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>NO WT</u><br><u>EO</u><br>All |   | 10 Area of Impact<br>Counties/States<br>Statewide |  |
| 11 Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified   |             | 12 Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____ |   |  |   |   |  |
| 13 Number of Years Previously Funded <u>5</u>   |             |   |   | 14 Funding, Allotment and Position Data (Including Federal indirect costs)   |   |   |  |
| Total Federal Funds Applied For <u>\$323,063</u>  |             |   |   |  |   |   |  |
| Appropriation   | Source      | Revenue Type  | Amount  | New Positions<br>No. (FTE) Type  |   | Existing Positions<br>No. (FTE) Type              |  |
| 149   | Federal     | PRF   | \$ 323,063  |  |   |   |  |
| 101   | State       | GPR   | \$ 135,734  |  |   |   |  |
|   | Other Match | In-Kind   | \$ 193,740  |  |   |   |  |
|   |             |   | \$  |  |   |   |  |
|   |             |   | \$  |  |   |   |  |
|   |             |   | \$  |  |   |   |  |
|   |             |   | \$  |  |   |   |  |
|   |             |   | \$  |  |   |   |  |
| 15 Indirect Cost Reimbursement<br><input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No  |             |   |   |  |   |   |  |
| 16 Authorizations<br><input checked="" type="checkbox"/> Delegated Review   |             |   | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature <i>[Signature]</i> |  | Title if other than Agency Secretary<br>Acting Secretary<br>Date<br>3-17-95 |   |  |
| <b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>  |             |   |   |  |   |   |  |
| Reviewing Analyst <i>[Signature]</i> Phone _____  |             |   |   | SAI Number <u>WI950328-068-N66</u>   |   |   |  |
| Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny   |             |   |   | Date Received <u>3-28-95</u>   |   |   |  |
| Signature _____ Date _____  |             |   |   | Date Due <u>4/1/95</u>   |   |   |  |
| COMMENTS:<br><br><div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto;">94 ID #<br/>940309-057-<br/>N99032xt</div><br><div style="text-align: right; font-size: 2em; font-family: cursive; margin-top: 10px;"><i>[Signature]</i></div> |             |   |   |  |   |   |  |
| <input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet   |             |   |   |  |   |   |  |

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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 7888  
Madison, WI 53707-7888  
Telephone 608/257-2125

*discretionary Awards - Community Services Block Grant*

|  |   |  |
|--|---|--|
| <b>1</b> Applicant Agency<br>Department of Health & Social Services  | <b>2</b> CFDA # <u>93.571</u>   | <b>3</b> Agency I.D. (Optional)                              |
| <b>4</b> Address (Street/City/State/Zip)<br>1 West Wilson Street, P.O. Box 7850<br>Madison, WI 53707<br><br>Contact Person<br>Susan Levy 608/266-0578 Phone  | <b>5</b> Federal Agency to Receive Request<br>DH&HS, Office of Community Services   |  |
|  | <b>6</b> Period of Funding Mo/Day/Year<br><u>1/01/95</u><br><u>12/31/95</u>   | <b>7</b> Application Due Date Mo/Day/Year<br>3/30/95         |
| <b>8</b> Agency Project Title<br><u>Community Food &amp; Nutrition Program</u>   | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>no</u> <u>not</u><br><u>ED</u><br>All |  |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | <b>12</b> Type of Assistance<br>Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____   | <b>10</b> Area of Impact<br>Counties/States<br><br>Statewide |
| <b>13</b> Number of Years Previously Funded <u>3</u>   |   |  |

| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>\$54,327</u> |        |              |           |               |      |                    |      |
|--|--------|--------------|-----------|---------------|------|--------------------|------|
| Numeric Appropriation  | Source | Revenue Type | Amount    | New Positions |      | Existing Positions |      |
|  |        |              |           | No. (FTE)     | Type | No. (FTE)          | Type |
| 497  | PR-F   | Federal      | \$ 54,327 |               |      |                    |      |
|  |        |              | \$        |               |      |                    |      |
|  |        |              | \$        |               |      |                    |      |
|  |        |              | \$        |               |      |                    |      |
|  |        |              | \$        |               |      |                    |      |
|  |        |              | \$        |               |      |                    |      |
|  |        |              | \$        |               |      |                    |      |
|  |        |              | \$        |               |      |                    |      |
|  |        |              | \$        |               |      |                    |      |
|  |        |              | \$        |               |      |                    |      |

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

|  |   |   |
|--|---|---|
| <b>16</b> Authorizations<br><br><input checked="" type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature <i>Richard W. Lorang</i> | Title if other than Agency Secretary<br>Acting Secretary<br>Date<br>3-21-95 |
|--|---|---|

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Dorothy Fossom Phone 608-266-1082 SAI Number WI 950328-069-NQB  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 3-28-95  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due 3-30-95

COMMENTS:  
 94 STATE ID#  
 940608-150  
 - N93572  
 xx

# 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<br>Department of Health & Social Services  |                | <b>2</b> CFDA # <u>93.673</u>   | <b>3</b> Agency I.D. (Optional)                            |   |      |                              |      |
| <b>4</b> Address (Street/City/State/Zip)<br>P.O. Box 7851<br>Madison WI 53707<br>Contact Person<br>Kay Hendon Phone 608-266-8200   |                | <b>5</b> Federal Agency to Receive Request<br>Admin. on Children, Youth & Families  |  |   |      |                              |      |
|  |                | <b>6</b> Period of Funding Mo/Day/Year<br><u>10/01/95</u><br><u>9/30/96</u>   | <b>7</b> Application Due Date Mo/Day/Year<br><u>4/1/95</u> |   |      |                              |      |
| <b>8</b> Agency Project Title<br><i>Dependent Care Development Grant</i>   |                | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified <u>No</u> Dates <u>Fed EO</u> |  |   |      |                              |      |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |                | <b>12</b> Type of Assistance Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____                                      |  |   |      |                              |      |
| <b>13</b> Number of Years Previously Funded <u>8</u>   |                | <b>10</b> Area of Impact Counties/States<br><u>Wisconsin</u>  |  |   |      |                              |      |
| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>243,676</u>  |                |   |  |   |      |                              |      |
| Numeric Appropriation  | Source         | Revenue Type  | Amount   | New Positions No. (FTE)   | Type | Existing Positions No. (FTE) | Type |
| <u>641,741</u>   | <u>Federal</u> | <u>PR-F</u>   | <u>\$ 243,676</u>  |   |      |                              |      |
| <u>705</u>   | <u>Match</u>   | <u>GPR</u>  | <u>\$ 81,225</u>   |   |      |                              |      |
|  |                |   | \$   |   |      |                              |      |
|  |                |   | \$   |   |      |                              |      |
|  |                |   | \$   |   |      |                              |      |
|  |                |   | \$   |   |      |                              |      |
|  |                |   | \$   |   |      |                              |      |
|  |                |   | \$   |   |      |                              |      |
|  |                |   | \$   |   |      |                              |      |
|  |                |   | \$   |   |      |                              |      |
| <b>15</b> Indirect Cost Reimbursement<br><input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No   |                |   |  |   |      |                              |      |
| <b>16</b> Authorizations<br><br><input checked="" type="checkbox"/> Delegated Review   |                | Authorized Agency Representative (Type or Print)<br><u>Richard W. Lorang</u><br>Signature _____   |  | Title if other than Agency Secretary<br><u>Acting Secretary</u><br>Date _____ |      |                              |      |

### FOR DEPARTMENT OF ADMINISTRATION USE ONLY

|  |                                  |             |
|--|----------------------------------|-------------|
| Reviewing Analyst <u>Bretchen Fossor</u> Phone <u>608-2288</u>   | SAI Number <u>WI950329-013-N</u> |             |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Received <u>3-29-95</u>     | 93678<br>XX |
| Signature <u>Bretchen A. Fossor</u> Date <u>4/3/95</u>   | Date Due <u>4/1/95</u>           | Del.        |
| COMMENTS:  |                                  |             |

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

April 3, 1995

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

Hazardous Substance Response Trust  
Fund (Superfund--Multisite Support Agency  
RI/FS and RD), State Application Identifier  
Number WI950213-016-N66802XX

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

Department of Administration  
Form DGA-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

Fund  
Hazardous Substance Response Trust

| 1 Applicant Agency<br>Department of Natural Resources  |          |  |           | 2 CFDA# 66802   |   | 3 Agency I.D. (Optional)<br><b>508</b>                     |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|--|----------|--|-----------|---|---|--|--------|----------------------------|------|---------------------------------|------|--------|----------|-----|-----------|--|--|-----|------|--------|----------|-----|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|
| 4 Address (Street/City/State/Zip)<br>101 S. Webster St.<br>Madison, WI 53707-7921<br><br>Contact Person Jane Lemcke<br>Phone 608/267-0554  |          |  |           | 5 Federal Agency to Receive Request<br>U.S. EPA, Region V   |   |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |          |  |           | 6 Period of Funding Mo/Day/Year<br>1/1/95<br>12/31/96   |   | 7 Application Due Date<br>Mo/Day/Year<br>1/1/95            |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 8 Agency Project Title<br>Superfund--Multisite Support Agency RI/FS and RD   |          |  |           | 9 Executive Order 12372 Review Required<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Clearinghouses: Notified<br>Dates: <i>needs</i><br><i>wt</i><br><i>ET</i> |   | 10 Area of Impact<br>Counties/States<br>State of Wisconsin |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 11 Type of Application<br><input checked="" type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified  |          | 12 Type of Assistance Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other: |           | 13 Number of Years previously funded: X All: <i>2/3/95</i>  |   |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 14 Funding, Allotment and Position Data (including Federal indirect costs)   |          |  |           |   |   |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| Total Federal Funds Applied For <u>\$226,370</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: 10%;">New Positions<br/>No. (FTE)</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Existing Positions<br/>No. (FTE)</th> <th style="width: 10%;">Type</th> </tr> </thead> <tbody> <tr> <td>02-241</td> <td>Fed RCRA</td> <td>PRF</td> <td>\$188,431</td> <td></td> <td></td> <td>1.5</td> <td>Perm</td> </tr> <tr> <td>02-846</td> <td>Indirect</td> <td>PRF</td> <td>\$37,939</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<br>No. (FTE) | Type | Existing Positions<br>No. (FTE) | Type | 02-241 | Fed RCRA | PRF | \$188,431 |  |  | 1.5 | Perm | 02-846 | Indirect | PRF | \$37,939 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 15 Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$162,970</u> Amount <u>\$37,939</u> <input type="checkbox"/> No |  |  |  |
| Numeric Appropriation  | Source   | Revenue Type   | Amount    | New Positions<br>No. (FTE)  | Type  | Existing Positions<br>No. (FTE)                            | Type   |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 02-241   | Fed RCRA | PRF  | \$188,431 |   |   | 1.5  | Perm   |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 02-846   | Indirect | PRF  | \$37,939  |   |   |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |          |  |           |   |   |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |          |  |           |   |   |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |          |  |           |   |   |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
|  |          |  |           |   |   |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| 16 Authorizations<br><input type="checkbox"/> Delegated Review   |          | Authorized Agency Representative (Type or Print)<br>Darrell L. Bazzell<br><br>Signature: <i>Darrell Bazzell</i>                |           |   | Title if other than Agency Secretary<br>Administrator/OPA<br><br>Date: <i>1/30/95</i> |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| <b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>   |          |  |           |   |   |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| Reviewing Analyst: <i>Russ Pasmussen</i> Phone: <i>6-7329</i>  |          |  |           | SAI Number: <i>WI950213-016-N 66</i>  |   |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny   |          |  |           | Date Received: <i>2-13-95</i> <span style="float: right;"><i>803X</i></span>  |   |  |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |
| Signature: <i>Russell Pasmussen</i>  |          |  |           | Date: <i>2/30/95</i>  |   | Date Due: <i>2-27-95</i>                                   |        |                            |      |                                 |      |        |          |     |           |  |  |     |      |        |          |     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |

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

April 3, 1995

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

Aquatic Plant Project (Buffalo  
Lake), State Application Identifier  
Number WI950310-051-N12100YY

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,

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

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

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<br>Department of Natural Resources   |   | <b>2</b> CFDA# 12-100   | <b>3</b> Agency I.D. (Optional)<br>542  |   |      |                                 |      |
| <b>4</b> Address (Street/City/State/Zip)<br>101 S. Webster St.<br>Madison, WI 53707-7921<br><br>Contact Person<br>Ed Boebel Phone 608/266-9252   |   | <b>5</b> Federal Agency to Receive Request<br>U.S. Environmental Protection Agency  |   |   |      |                                 |      |
| <b>8</b> Agency Project Title<br>Buffalo Lake Plant Project <i>Aquatic</i>   |   | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><i>No WTEO</i> | <b>10</b> Area of Impact<br>Counties/States<br>Marquette County<br>East-Central Wisconsin |   |      |                                 |      |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | <b>12</b> Type of Assistance Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other: | All:  |   |   |      |                                 |      |
| <b>13</b> Number of Years previously funded: 6   |   |   |   |   |      |                                 |      |
| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)  |   |   |   |   |      |                                 |      |
| Total Federal Funds Applied For <u>\$80,000</u>  |   |   |   |   |      |                                 |      |
| Numeric Appropriation  | Source  | Revenue Type  | Amount  | New Positions<br>No. (FTE)  | Type | Existing Positions<br>No. (FTE) | Type |
| 241  | Federal   | PR-F  | \$10,000  |   |      |                                 |      |
| Local  | Local   | Local   | \$80,000  |   |      |                                 |      |
| 443  | Federal   | PR-F  | \$62,500  |   |      |                                 |      |
| Fed. In-Kind   | Federal   |   | \$7,500   |   |      |                                 |      |
|  |   |   | \$  |   |      |                                 |      |
|  |   |   | \$  |   |      |                                 |      |
|  |   |   | \$  |   |      |                                 |      |
| <b>15</b> Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$4,868</u> Amount <u>\$1,132</u> <input type="checkbox"/> No  |   |   |   |   |      |                                 |      |
| <b>16</b> Authorizations<br><br><input type="checkbox"/> Delegated Review  |   | Authorized Agency Representative (Type or Print)<br>Darrell L. Bazzell<br>Signature <i>Darrell Bazzell</i>  |   | Title if other than Agency Secretary<br>Administrator - OPA<br>Date <u>3/6/95</u> |      |                                 |      |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY  |   |   |   |   |      |                                 |      |
| Reviewing Analyst <u>Russ Resmussen</u> Phone <u>608-329</u>   |   | SAI Number <u>WI950310-051-N12</u>  |   | Date Received <u>3-10-95</u>  |      |                                 |      |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny   |   | Signature <u>Russ Resmussen</u> Date <u>3/23/95</u>   |   | Date Due <u>3-24-95</u>   |      |                                 |      |
| COMMENTS:  |   |   |   |   |      |                                 |      |

100  
44

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

April 4, 1995

Ted Tobie, Associate Director  
Finance and Administration  
Wisconsin Educational Communications Board  
3319 West Beltline Highway  
Madison, WI 53713-4296

Public Telecommunications Facilities  
(Equipment Replacement-Television/Radio)  
State Application Identifier Number  
WI950217-023-N11550ZZ

Dear Mr. Tobie:

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

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

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

Public Telecommunications  
Facilities

|   |   |  |   |                               |  |
|---|---|--|---|-------------------------------|--|
| <p>1 Applicant Agency<br/><b>Educational Communications Board</b></p> <p>4 Address (Street/City/State/Zip)<br/><b>3319 West Beltline Highway<br/>Madison, WI 53713</b></p> <p>Contact Person<br/><b>Ted Tobie</b> Phone <b>264-9667</b></p> <p>8 Agency Project Title<br/><b>Equipment Replacement - Television/Radio</b></p> <p>11 Type of Application<br/> <input checked="" type="checkbox"/> New Grant<br/> <input type="checkbox"/> Amendment to Current Grant<br/> <input type="checkbox"/> Continuation-Unchanged<br/> <input type="checkbox"/> Continuation-Modified         </p> | 2 | <p>CFDA # <b>11.550</b></p> <p>5 Federal Agency to Receive Request<br/><b>Dept of Commerce N.T.I.A.</b></p> <p>6 Period of Funding Mo/Day/Year<br/> <u>09 01 95</u><br/> <u>09 01 96</u> </p> <p>9 Executive Order 12372 Review Required<br/> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>           Clearinghouses: Notified Dates<br/> <u>Needs w/</u><br/> <u>EO</u><br/>           All         </p> | 3 | <p>Agency I.D. (Optional)</p> | <p>7 Application Due Date<br/>Mo/Day/Year<br/><b>02/15/95</b></p> <p>10 Area of Impact<br/>Counties/States<br/> <b>Central</b><br/> <b>Southwestern</b><br/> <b>West Central</b><br/> <b>Northern</b><br/> <b>Counties of</b><br/> <b>Wisconsin</b> </p> |
|---|---|--|---|-------------------------------|--|

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

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

Total Federal Funds Applied For 1,004,430

| Numeric Appropriation | Source                          | Revenue Type | Amount       | New Positions |      | Existing Positions |      |
|-----------------------|---------------------------------|--------------|--------------|---------------|------|--------------------|------|
|                       |                                 |              |              | No. (FTE)     | Type | No. (FTE)          | Type |
| 142 (EE)              | Department of Commerce N.T.I.A. | Federal      | \$ 1,004,430 | 0             |      | 0                  |      |
|                       |                                 |              | \$           |               |      |                    |      |
|                       |                                 |              | \$           |               |      |                    |      |
|                       |                                 |              | \$           |               |      |                    |      |
|                       |                                 |              | \$           |               |      |                    |      |
|                       |                                 |              | \$           |               |      |                    |      |
|                       |                                 |              | \$           |               |      |                    |      |
|                       |                                 |              | \$           |               |      |                    |      |

15 Indirect Cost Reimbursement  Yes  No

16 Authorizations

Delegated Review

Authorized Agency Representative (Type or Print)  
**H. Ted Tobie**

Signature *[Signature]*

Title if other than Agency Secretary  
**Associate Director-Finance**

Date **2-15-95**

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst **Orian Pahule** Phone **4-8259**

SAI Number **WI950217-003-N**

Recommendation:  Approve  Approve With Conditions  Deny

Date Received **2-17-95**

Signature *[Signature]* Date **2/23/95**

Date Due **3-3-95**

1155  
ZZ

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

April 4, 1995

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

Weatherization Assistance Program  
for Low-Income Persons, State  
Application Identifier  
Number WI950227-044-N81042XX

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

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<br>DOA/Division of Housing   |           | <b>2</b> CFDA # <u>81.042</u>   | <b>3</b> Agency I.D. (Optional)                                   |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|--|-----------|---|---|-----------------------|--------|--------------|--------|---------------|--|--------------------|--|-----------|------|-----------|------|-----|-----------|-------|------------|---|--|---|--|--|--|--|----|--|--|--|--|-----|---------|------|--------------|-----|------|-------|------|-----|---------|----------|-----------|------|-------|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| <b>4</b> Address (Street/City/State/Zip)<br>101 E. Wilson St, 4th Fl, PO Box 8944<br>Madison, WI 53708-8944<br>Contact Person<br>Beverly Tucker Phone 266-0324   |           | <b>5</b> Federal Agency to Receive Request<br>U.S. Department of Energy   |   |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>8</b> Agency Project Title<br>Weatherization Assistance Program<br>for Low Income Persons   |           | <b>6</b> Period of Funding Mo/Day/Year<br>April 1, 1995<br>March 31, 1996   | <b>7</b> Application Due Date<br>Mo/Day/Year<br>See Attached Note |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |           | <b>9</b> Executive Order 12372 Review Required<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Clearinghouses: Notified    Dates<br><i>Needs all</i><br><i>EO</i><br>All  |   |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>12</b> Type of Assistance<br>Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____  |           | <b>10</b> Area of Impact<br>Counties/States<br>State<br>_____<br>_____<br>_____   |   |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>13</b> Number of Years Previously Funded <u>More than 5</u>   |           | <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>\$7,914,235.00</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>734</td> <td>PVE-Exxon</td> <td>PRO-0</td> <td>\$ 292,900</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>741</td> <td>Fed-DOE</td> <td>PR-F</td> <td>\$ 7,871,030</td> <td>.50</td> <td>Perm</td> <td>13.80</td> <td>Perm</td> </tr> <tr> <td>741</td> <td>Fed-DOE</td> <td>Indirect</td> <td>\$ 43,205</td> <td>1.00</td> <td>Proj.</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 | 734 | PVE-Exxon | PRO-0 | \$ 292,900 | - |  | - |  |  |  |  | \$ |  |  |  |  | 741 | Fed-DOE | PR-F | \$ 7,871,030 | .50 | Perm | 13.80 | Perm | 741 | Fed-DOE | Indirect | \$ 43,205 | 1.00 | Proj. |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |
| Numeric Appropriation  | Source    | Revenue Type  | Amount  |                       |        |              |        | New Positions |  | Existing Positions |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |           |   |   | No. (FTE)             | Type   | No. (FTE)    | Type   |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
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|  |           |   | \$  |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 741  | Fed-DOE   | PR-F  | \$ 7,871,030  | .50                   | Perm   | 13.80        | Perm   |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 741  | Fed-DOE   | Indirect  | \$ 43,205   | 1.00                  | Proj.  |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |           |   | \$  |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |           |   | \$  |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |           |   | \$  |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |           |   | \$  |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |           |   | \$  |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>15</b> Indirect Cost Reimbursement (Total Salary/Fringe)<br><input checked="" type="checkbox"/> Yes    Rate <u>6%</u> Base <u>\$720,081</u> Amount <u>\$43,205</u> <input type="checkbox"/> No  |           |   |   |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>16</b> Authorizations<br><input checked="" type="checkbox"/> Delegated Review   |           | Authorized Agency Representative (Type or Print)<br>Lee Martinson<br>Signature<br>Title if other than Agency Secretary<br>Administrator, Div. of Housing<br>Date<br>2/24/95   |   |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY  |           |   |   |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Reviewing Analyst <u>Mike Heitz</u> Phone <u>7-0370</u>  |           | SAI Number <u>WF950227-044-1</u>  |   |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny   |           | Date Received <u>2/27/95</u>  |   |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Signature <u>Michael Heitz</u> Date <u>2-28-95</u>   |           | Date Due <u>3/13/95</u>   |   |                       |        |              |        |               |  |                    |  |           |      |           |      |     |           |       |            |   |  |   |  |  |  |  |    |  |  |  |  |     |         |      |              |     |      |       |      |     |         |          |           |      |       |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |

8104c  
X

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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



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

April 4, 1995

Raymond G. Boland  
Secretary  
Department of Veteran Affairs  
PO Box 7843  
Madison, WI 53707-7843

Supportive Housing Program  
(Madison Area Veterans Outreach  
Center), State Application Identifier  
Number WI950328-071-N14235YY

Dear Secretary Boland:

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

*Supportive Housing Program*

| 1 Applicant Agency<br><i>Wisconsin Dept. of Veterans Affairs</i>  |                | 2 CFDA # <i>14.235</i>   |                  | 3 Agency I.D. (Optional)   |                                   |
|---|----------------|--|------------------|--|-----------------------------------|
| 4 Address (Street/City/State/Zip)<br><i>30 West M. Hill<br/>Madison WI</i>  |                | 5 Federal Agency to Receive Request<br><i>HUD</i>  |                  | 7 Application Due Date<br>Mo/Day/Year<br><i>7-1-95</i><br><i>6-30-95</i> <i>A-7-95</i>   |                                   |
| 8 Agency Project Title<br><i>Madison Area Veterans Outreach Center</i>  |                | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |                  | 10 Area of Impact<br>Counties/States<br><i>Dane County</i>   |                                   |
| 11 Type of Application<br><input checked="" type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |                | 12 Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other _____ |                  | Clearinghouses: Notified _____ Dates _____<br><i>City of Madison 3/16/95</i><br><i>CHAS Certificate</i><br>All _____ <i>No</i> |                                   |
| 13 Number of Years Previously Funded <i>0</i>   |                | 14 Funding, Allotment and Position Data (including Federal indirect costs)   |                  |  |                                   |
| Total Federal Funds Applied For <i>\$200,000 Annually - Approx.</i>   |                |  |                  |  |                                   |
| Numeric Appropriation   | Source         | Revenue Type   | Amount           | New Positions No. (FTE) Type   | Existing Positions No. (FTE) Type |
|   | <i>Federal</i> | <i>PH-K</i>  | <i>\$200,000</i> | <i>None</i>  |                                   |
|   |                |  | \$               |  |                                   |
|   |                |  | \$               |  |                                   |
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|   |                |  | \$               |  |                                   |
|   |                |  | \$               |  |                                   |
|   |                |  | \$               |  |                                   |
|   |                |  | \$               |  |                                   |
| 15 Indirect Cost Reimbursement<br><input type="checkbox"/> Yes     Rate _____     Base _____     Amount _____ <input type="checkbox"/> No   |                |  |                  |  |                                   |
| 16 Authorizations<br><input type="checkbox"/> Delegated Review  |                | Authorized Agency Representative (Type or Print)<br><i>Robert A. Cocioff</i><br>Signature<br><i>Robert A. Cocioff</i>                  |                  | Title if other than Agency Secretary<br><i>Deputy Secretary</i><br>Date<br><i>3-23-95</i>                                      |                                   |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Pam Henning* Phone *7-0371* SAI Number *WI 950328-071-A*

Recommendation:  Approve      Approve With Conditions      Deny     Date Received *3-28-95*

Signature *Pamela S. Henning* Date *4-04-95* Date Due *4-7-95*

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

*14235*  
*YU*

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

April 4, 1995

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

Hazardous Substance Response Trust  
Fund (Superfund--Multisite Support Agency  
RA), State Application Identifier  
Number WI950315-056-N66802XX

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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.

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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**

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

*Hazardous Substances Trust Fund Response*

|   |  |   |  |                             |  |   |  |                            |                |       |  |                                 |  |      |  |
|---|--|---|--|-----------------------------|--|---|--|----------------------------|----------------|-------|--|---------------------------------|--|------|--|
| 1 Applicant Agency<br>Department of Natural Resources   |  |   | 2 CFDA# 66802  |                             | 3 Agency I.D. (Optional)<br>539  |   |  |                            |                |       |  |                                 |  |      |  |
| 4 Address (Street/City/State/Zip)<br>101 S. Webster St.<br>Madison, WI 53707-7921<br><br>Contact Person Jane Lemcke<br>Phone 608/267-0554       |  |   | 5 Federal Agency to Receive Request<br>U.S. EPA, Region V  |                             |  | 6 Period of Funding Mo/Day/Year<br>4/1/95<br>3/31/98  |  |                            |                |       |  |                                 |  |      |  |
| 7 Application Due Date<br>Mo/Day/Year<br>3/1/95   |  |   | 8 Agency Project Title<br>Superfund-Multisite Support Agency RA  |                             | 9 Executive Order 12372 Review Required<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><i>Needs WI EO</i> |   |  |                            |                |       |  |                                 |  |      |  |
| 10 Area of Impact<br>Counties/States<br>State of Wisconsin  |  | 11 Type of Application<br><input checked="" type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | 12 Type of Assistance Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other: |                             | 13 Number of Years previously funded:<br>x All 3/7/95  |   |  |                            |                |       |  |                                 |  |      |  |
| 14 Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For \$134,526                         |  |   |  |                             |  |   |  |                            |                |       |  |                                 |  |      |  |
| Numeric Appropriation   |  | Source  |  | Revenue Type                |  | Amount  |  | New Positions<br>No. (FTE) |                | Type  |  | Existing Positions<br>No. (FTE) |  | Type |  |
| 02-241  |  | Fed RCRA  |  | PRF                         |  | \$111,648   |  | 0.5                        |                | Perm  |  |                                 |  |      |  |
| 02-846  |  | Indirect  |  | PRF                         |  | \$22,878  |  |                            |                |       |  |                                 |  |      |  |
| 74-275  |  | State   |  | SEG                         |  | \$32,514  |  |                            |                |       |  |                                 |  |      |  |
|   |  |   |  |                             |  |   |  |                            |                |       |  |                                 |  |      |  |
|   |  |   |  |                             |  |   |  |                            |                |       |  |                                 |  |      |  |
|   |  |   |  |                             |  |   |  |                            |                |       |  |                                 |  |      |  |
| 15 Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate 23.28% Base \$98,282 Amount \$22,878 <input type="checkbox"/> No |  |   |  |                             |  | 16 Authorizations<br><input type="checkbox"/> Delegated Review  |  |                            |                |       |  |                                 |  |      |  |
| Authorized Agency Representative (Type or Print)<br>Darrell L. Bazzell  |  |   | Title if other than Agency Secretary<br>Administrator/OPA  |                             |  | Signature<br><i>Darrell Bazzell</i>   |  |                            | Date<br>3/6/95 |       |  |                                 |  |      |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY   |  |   |  |                             |  |   |  |                            |                |       |  |                                 |  |      |  |
| Reviewing Analyst<br><i>Russel Kamussen</i>   |  | Phone<br>6-9329   |  | SAI Number<br>WI950315-056N |  | Recommendation:<br><input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny |  | Date Received<br>3-15-95   |                | 66800 |  |                                 |  |      |  |
| Signature<br><i>Russel Kamussen</i>   |  | Date<br>3/29/95   |  | Date Due<br>3-29-95         |  | XX  |  |                            |                |       |  |                                 |  |      |  |

COMMENTS:

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

April 4, 1995

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

Heating Oil and LP Survey,  
State Application Identifier  
Number WI950331-074-N81090XX

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)

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<br>Department of Administration  |                | <b>2</b> CFDA # <u>81-090</u>   | <b>3</b> Agency I.D. (Optional)                      |
| <b>4</b> Address (Street/City/State/Zip)<br>101 E. Wilson Street, 6th Floor<br>Madison, WI<br>Contact Person<br>Jim O'Neal<br>Phone 266-8971   |                | <b>5</b> Federal Agency to Receive Request<br>U.S. Department of Energy   |  |
| <b>8</b> Agency Project Title<br>Heating Oil & LP Survey   |                | <b>6</b> Period of Funding Mo/Day/Year<br><u>10/1/95</u><br><u>9/30/96</u>  | <b>7</b> Application Due Date Mo/Day/Year<br>4/14/95 |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |                | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified _____ Dates _____<br>_____<br>_____ All |  |
| <b>12</b> Type of Assistance<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other _____   |                | <b>10</b> Area of Impact Counties/States<br>Entire State<br>_____<br>_____<br>_____   |  |
| <b>13</b> Number of Years Previously Funded <u>5</u>   |                | <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>\$7159</u>  |  |
|  |                | New Positions<br>No. (FTE)    Type  | Existing Positions<br>No. (FTE)    Type              |
| Numeric<br>Appropriation   | Source         | Revenue Type  | Amount   |
| 142  | Federal        | PR-F  | \$ 6828  |
| 143  | PVE-Oil Ovch   | PR-Oil Ovch   | \$ 6846  |
| 142  | FED (Indirect) | PR-F  | \$ 331   |
| 143  | PVE (Indirect) | PR-Oil Ovch   | \$ 331   |
|  |                |   | \$   |
|  |                |   | \$   |
|  |                |   | \$   |
|  |                |   | \$   |
|  |                |   | \$   |
|  |                |   | \$   |
| <b>15</b> Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>6%</u> Base _____ Amount _____ <input type="checkbox"/> No  |                | <b>16</b> Authorizations<br><input type="checkbox"/> Delegated Review   |  |
| Authorized Agency Representative (Type or Print)<br>Nathaniel E. Robinson<br>Signature _____   |                | Title if other than Agency Secretary<br>Administrator<br>Date <u>3/31/95</u>  |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY  |                |   |  |
| Reviewing Analyst <u>Michael Heifetz</u> Phone <u>7-0370</u>   |                | SAI Number <u>WI950331-074-N81090XX</u>   |  |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny   |                | Date Received <u>3/31/95</u><br><u>4/12/95</u>  |  |
| Signature <u>Michael Heifetz</u> Date <u>4-6-95</u>  |                | Date Due _____  |  |
| 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

April 7, 1995

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

Wastewater Operator Training  
Program (Technical Assistance)  
State Application Identifier Number  
WI950320-060-N66467XX

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

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

| 1 Applicant Agency<br>Department of Natural Resources   |         |   |          | 2 CFDA# 66-420 <span style="float: right; font-size: 1.2em;">467</span>   |   | 3 Agency I.D. (Optional)<br><span style="font-size: 1.2em;">545</span> |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---------|---|----------|---|---|--|--------|----------------------------|------|---------------------------------|------|-----|---------|------|----------|--|--|---|------|-----|---------|------|---------|--|--|--|--|-----|-------|-----|----------|--|--|--|--|-----|-------|-----|---------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|
| 4 Address (Street/City/State/Zip)<br>101 S. Webster St.<br>Madison, WI 53707-7921   |         |   |          | 5 Federal Agency to Receive Request<br>U.S. Environmental Protection Agency   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact Person<br>Ed Boebel Phone 608/266-9252  |         |   |          | 6 Period of Funding Mo/Day/Year<br>10/01/95<br>09/30/96   |   | 7 Application Due Date<br>Mo/Day/Year<br>06/01/95                      |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 Agency Project Title<br>104(g)(1) Outreach Operator Training Program <i>(Tech. Asst.)</i>   |         |   |          | 9 Executive Order 12372 Review Required<br><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | 10 Area of Impact<br>Counties/States<br>Statewide                      |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified   |         | 12 Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other: |          | Clearinghouses: Notified Dates<br><i>No WI</i><br><i>EB</i>   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 Number of Years previously funded: 12  |         |   |          | All: <i>3/15/95</i>   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 Funding, Allotment and Position Data (including Federal indirect costs)  |         |   |          |   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Federal Funds Applied For <u>\$40,000</u>   |         |   |          |   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Numeric Appropriation</th> <th style="text-align: left;">Source</th> <th style="text-align: left;">Revenue Type</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">New Positions<br/>No. (FTE)</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">Existing Positions<br/>No. (FTE)</th> <th style="text-align: left;">Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$33,242</td> <td></td> <td></td> <td>1</td> <td>Perm</td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$6,758</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$11,083</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$2,252</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |         |   |          | Numeric Appropriation   | Source  | Revenue Type   | Amount | New Positions<br>No. (FTE) | Type | Existing Positions<br>No. (FTE) | Type | 241 | Federal | PR-F | \$33,242 |  |  | 1 | Perm | 846 | Federal | PR-F | \$6,758 |  |  |  |  | 201 | State | GPR | \$11,083 |  |  |  |  | 801 | State | GPR | \$2,252 |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  |  |  |  |  |  |
| Numeric Appropriation   | Source  | Revenue Type  | Amount   | New Positions<br>No. (FTE)  | Type  | Existing Positions<br>No. (FTE)  | Type   |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 241   | Federal | PR-F  | \$33,242 |   |   | 1  | Perm   |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 846   | Federal | PR-F  | \$6,758  |   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 201   | State   | GPR   | \$11,083 |   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 801   | State   | GPR   | \$2,252  |   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
|   |         |   | \$       |   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
|   |         |   | \$       |   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
|   |         |   | \$       |   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$38,700</u> Amount <u>\$9,010</u> <input type="checkbox"/> No   |         |   |          |   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 Authorizations<br><input type="checkbox"/> Delegated Review  |         | Authorized Agency Representative (Type or Print)<br>Darrell L. Bazzell  |          |   | Title if other than Agency Secretary<br>Administrator - OPA |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
|   |         | Signature<br><i>Darrell Bazzell</i>   |          |   | Date<br><i>3/13/95</i>                                      |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY   |         |   |          |   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Reviewing Analyst <i>Russ Rasmussen</i> Phone <i>6-17329</i>  |         |   |          | SAI Number <i>WI950320-060-N</i>  |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny  |         |   |          | Date Received <i>3-20-95</i>  |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature <i>Russell Rasmussen</i> Date <i>4/4/95</i>   |         |   |          | Date Due <i>4-2-95</i>  |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| COMMENTS:   |         |   |          |   |   |  |        |                            |      |                                 |      |     |         |      |          |  |  |   |      |     |         |      |         |  |  |  |  |     |       |     |          |  |  |  |  |     |       |     |         |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |

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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

April 7, 1995

Mr. Mark Wahl, Administrator  
Division of Technology Management  
Bureau of Information and  
Telecommunications Management  
Department of Administration  
PO Box 7844  
Madison, WI 53707-7844

Wisconsin 1995 Telecommunications and  
Information Infrastructure Assistance  
Program, State Application Identifier  
Number WI950407-080-N11552XX

Dear Mr. Wahl:

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,

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

|   |             |  |            |   |  |
|---|-------------|--|------------|---|--|
| <b>1</b> Applicant Agency<br>WI Dept. of Administration - BITM  |             | <b>2</b> CFDA # <u>11 • 552</u>  |            | <b>3</b> Agency I.D. (Optional)   |  |
| <b>4</b> Address (Street/City/State/Zip)<br>P.O. Box 7844<br>Madison, WI 53707<br><br>Contact Person<br>Paul Nelson Phone 608/266-5667          |             | <b>5</b> Federal Agency to Receive Request<br>NTIA   |            | <b>6</b> Period of Funding Mo/Day/Year<br><u>10/15/95</u><br><u>12/31/96</u>  |  |
| <b>7</b> Application Due Date<br>Mo/Day/Year<br>4/20/95   |             | <b>8</b> Agency Project Title<br><br>Wisconsin 1995 TIIAP Access Grant   |            | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Clearinghouses: Notified Dates<br><u>No WI EO</u><br><br>All |  |
| <b>10</b> Area of Impact<br>Counties/States<br>Entire State   |             | <b>11</b> Type of Application<br><input checked="" type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |            | <b>12</b> Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br><input type="checkbox"/> Other                          |  |
| <b>13</b> Number of Years Previously Funded _____   |             |  |            |   |  |
| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>\$ 248,980</u>          |             |  |            |   |  |
|   |             |  |            | New Positions      Existing Positions<br>No. (FTE)      Type      No. (FTE)      Type   |  |
| 137   | State match | PR-S   | \$ 501,020 |   |  |
| 141   | Federal     | PRF  | \$ 248,980 |   |  |
|   |             |  | \$         |   |  |
|   |             |  | \$         |   |  |
|   |             |  | \$         |   |  |
|   |             |  | \$         |   |  |
|   |             |  | \$         |   |  |
|   |             |  | \$         |   |  |
|   |             |  | \$         |   |  |
|   |             |  | \$         |   |  |
| <b>15</b> Indirect Cost Reimbursement<br><input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No |             |  |            |   |  |
| <b>16</b> Authorizations<br><br><input type="checkbox"/> Delegated Review   |             | Authorized Agency Representative (Type or Print)<br>Mark Wahl<br><br>Signature   |            | Title if other than Agency Secretary<br>Administrator, Div. Tech. Mgmt.<br><br>Date<br>4/6/95   |  |
| <b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>  |             |  |            |   |  |
| Reviewing Analyst <u>Mike Heifetz</u> Phone <u>7-0370</u>   |             | SAI Number <u>WI950407-080-N</u>   |            |   |  |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny      |             | Date Received <u>4-7-95</u>  |            |   |  |
| Signature <u>Mark Heifetz</u>   |             | Date <u>5-1-95</u>   |            | Date Due <u>4-20-95</u>   |  |
| COMMENTS:   |             |  |            |   |  |

11553  
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

April 7, 1995

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

Pollution Prevention Grants Program,  
State Application Identifier Number  
WI950320-064-N66708XX

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

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 states*  
*Pollution Prevention Grant incentives*

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1 Applicant Agency<br>Department of Natural Resources   |  | 2 CFDA# 66.900 <i>708</i>   |  | 3 Agency I.D. (Optional)<br><i>544</i>                      |  |
| 4 Address (Street/City/State/Zip)<br>101 S. Webster St.<br>Madison, WI 53707-7921   |  | 5 Federal Agency to Receive Request<br>U.S. EPA   |  |   |  |
| Contact Person<br>Tom Eggert Phone (608)267-9700  |  | 6 Period of Funding Mo/Day/Year<br>July 1, 1995<br>June 30, 1996  |  | 7 Application Due Date<br>Mo/Day/Year<br>March 17, 1995     |  |
| 8 Agency Project Title<br>Wisconsin PPIS Application  |  | 9 Executive Order 12872 Review Required<br><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified <i>W0 Dates WI EO</i> |  | 10 Area of Impact<br>Counties/States<br>Statewide           |  |
| 11 Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input checked="" type="checkbox"/> Continuation-Modified | 12 Type of Assistance Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other: |   |  |   |  |
| 13 Number of Years previously funded: 5   |  | <i>3   15   95</i>  |  |   |  |
| 14 Funding, Allotment and Position Data (including Federal indirect costs)  |  |   |  |   |  |
| Total Federal Funds Applied For <u>\$112,000</u>  |  |   |  |   |  |
| Numeric Appropriation   |  | Source  |  | Revenue Type  |  |
|   |  |   |  | Amount  |  |
|   |  |   |  | New Positions   |  |
|   |  |   |  | Existing Positions  |  |
| 241   |  | Federal   |  | PR-F  |  |
| 846   |  | Federal   |  | PR-F  |  |
| 201   |  | State (match)   |  | GPR   |  |
| 801   |  | State   |  | Indirect  |  |
| Industry or   |  | private (match)   |  | contributions   |  |
|   |  |   |  | \$  |  |
|   |  |   |  | \$  |  |
| 15 Indirect Cost Reimbursement  |  |   |  |   |  |
| <input type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>140,988</u> Amount <u>32,822</u> <input type="checkbox"/> No  |  |   |  |   |  |
| 16 Authorizations   |  | Authorized Agency Representative (Type or Print)<br>Darrell L. Bazzell  |  | Title if other than Agency Secretary<br>Administrator - OPA |  |
| <input type="checkbox"/> Delegated Review   |  | Signature<br><i>Darrell Bazzell</i>   |  | Date<br><i>3/14/95</i>                                      |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY   |  |   |  |   |  |
| Reviewing Analyst <i>Russ Rasmussen</i>   |  | Phone <i>6-7329</i>   |  | SAI Number <i>WI950320-064-N66</i>                          |  |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny  |  | Date Received <i>3-20-95</i>  |  | <i>XX</i>   |  |
| Signature <i>Russell Rasmussen</i>  |  | Date <i>4/4/95</i>  |  | Date Due <i>4-3-95</i>                                      |  |
| COMMENTS:   |  |   |  |   |  |

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

April 10, 1995

Dr. H. Nicholas Muller, III  
Director  
State Historical Society  
of Wisconsin  
816 State Street  
Madison, WI 53706

Institute of Museum Services  
(Survey-Museum Collections  
Conservation), State Application  
Identifier Number WI950407-078-N45301YY

Dear Dr. Muller:

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 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

*Institute of Museum Services*

|  |   |   |
|--|---|---|
| <b>1</b> Applicant Agency<br><u>State Historical Society</u>   | <b>2</b><br>CFDA # <u>45 • 30 1</u>   | <b>3</b> Agency I.D. (Optional)   |
| <b>4</b> Address (Street/City/State/Zip)<br>816 State St., Madison WI 53706<br><br>Contact Person<br>Douglas Kendall Phone <u>608-264-6552</u>   | <b>5</b> Federal Agency to Receive Request  |   |
| <b>8</b> Agency Project Title<br><u>Survey--<br/>Museum Collections Conservation</u>   | <b>6</b> Period of Funding Mo/Day/Year<br><u>01/01/96-</u><br><u>12/31/96</u>   | <b>7</b> Application Due Date Mo/Day/Year<br><u>03/31/1995</u>  |
| <b>11</b> Type of Application<br><input checked="" type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | <b>12</b> Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other _____ | <b>9</b> Executive Order 12372 Review Required<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Clearinghouses: Notified _____ Dates _____<br>_____<br>_____<br>_____ All <i>No Fed</i><br><i>ES</i> |
| <b>13</b> Number of Years Previously Funded <u>N/A</u>   | <b>10</b> Area of Impact<br>Counties/Stater<br><u>Dane/WI</u>   |   |

| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) |                |              |                 |                         |      |                              |              |
|---|----------------|--------------|-----------------|-------------------------|------|------------------------------|--------------|
| Total Federal Funds Applied For <u>\$15,395</u>                                   |                |              |                 |                         |      |                              |              |
| Numeric Appropriation   | Source         | Revenue Type | Amount          | New Positions No. (FTE) | Type | Existing Positions No. (FTE) | Type         |
| <u>541</u>  | <u>Federal</u> | <u>PR-F</u>  | <u>\$15,395</u> | <u>-0-</u>              |      | <u>-0-</u>                   |              |
| <u>501</u>  | <u>State</u>   | <u>GPR</u>   | <u>\$10,435</u> | <u>-0-</u>              |      | <u>.23</u>                   | <u>Perm.</u> |
| <u>445</u>  | <u>State</u>   | <u>PRS</u>   | <u>\$ 5,166</u> | <u>-0-</u>              |      | <u>-0-</u>                   |              |
|   |                |              | \$              |                         |      |                              |              |
|   |                |              | \$              |                         |      |                              |              |
|   |                |              | \$              |                         |      |                              |              |
|   |                |              | \$              |                         |      |                              |              |
|   |                |              | \$              |                         |      |                              |              |

**15** Indirect Cost Reimbursement  
 Yes Rate 20% Base \$25,830.00 Amount \$5,166  No

|   |  |  |
|---|--|--|
| <b>16</b> Authorizations<br><br><input type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print)<br><u>Robert B. Thomasgard, Jr.</u><br>Signature <i>[Signature]</i> | Title if other than Agency Secretary<br><u>Assistant Director</u><br>Date<br><u>03/30/1995</u> |
|---|--|--|

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Orlando Cantor Phone 608-264-1103 SAI Number WI 950407-078-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 4-7-95  
 Signature *[Signature]* Date 4/10/95 Date Due 4-21-95

COMMENTS:

*4530*  
*YY*

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7868  
Madison, WI 53707-7868

April 11, 1994

Steven D. Sell  
Executive Director  
Office of Justice Assistance  
222 State Street - 2nd Floor  
Madison, WI 53702

Juvenile Justice and Delinquency  
Prevention-Allocation to States  
(FFY 95), State Application Identifier  
Number WI950407-081-N16540XX

Dear Mr. Sell:

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 of 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

*- Allocation to States*

| <b>1</b> Applicant Agency<br>Wisconsin Office of Justice Assistance  |         | <b>2</b> CFDA # <u>16.540</u>   |            | <b>3</b> Agency I.D. (Optional)<br>95-JJ  |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|--|---------|---|------------|---|------|-----------------------|--------|--------------|--------|--------------------|--|--------------------|--|-----------|------|-----------|------|-----|-------|-----|-----------|--|--|-----|------|-----|---------|-----|------------|--|--|-----|------|-----|---------|-----|------------|--|--|--|--|-----|---------|-----|-----------|--|--|--|--|-----|---------|-----|------------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| <b>4</b> Address (Street/City/State/Zip)<br>222 State Street, Second Floor<br>Madison, WI 53702-0001<br>Contact Person<br>Michael Derr Phone 608/266-7639  |         | <b>5</b> Federal Agency to Receive Request<br>U.S. Department of Justice  |            |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>8</b> Agency Project Title<br>State of Wisconsin <i>Delinquency Prevention</i><br>Juvenile Justice Plan FFY '95 Funding   |         | <b>9</b> Executive Order 12372 Review Required<br>Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>              |            | <b>10</b> Area of Impact<br>Counties/States<br>Statewide  |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input checked="" type="checkbox"/> Continuation-Modified   |         | <b>12</b> Type of Assistance<br>Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____ |            | Clearinghouses: Notified Dates<br>WI Dept. of Administration <u>3/24/95</u><br>_____<br>_____<br>_____ All. |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>13</b> Number of Years Previously Funded _____  |         |   |            |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>14</b> Funding, Allotment and Position Data (Including Federal indirect costs)<br>Total Federal Funds Applied For <u>\$1,220,000</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>601</td> <td>State</td> <td>GPR</td> <td>\$ 91,500</td> <td></td> <td></td> <td>.92</td> <td>Perm</td> </tr> <tr> <td>641</td> <td>Federal</td> <td>PRF</td> <td>\$ 121,500</td> <td></td> <td></td> <td>.88</td> <td>Perm</td> </tr> <tr> <td>643</td> <td>Federal</td> <td>PRF</td> <td>\$ 818,500</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>644</td> <td>Federal</td> <td>PRF</td> <td>\$ 30,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>645</td> <td>Federal</td> <td>PRF</td> <td>\$ 250,000</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 | 601 | State | GPR | \$ 91,500 |  |  | .92 | Perm | 641 | Federal | PRF | \$ 121,500 |  |  | .88 | Perm | 643 | Federal | PRF | \$ 818,500 |  |  |  |  | 644 | Federal | PRF | \$ 30,000 |  |  |  |  | 645 | Federal | PRF | \$ 250,000 |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |
| Numeric Appropriation  | Source  | Revenue Type  | Amount     | New Positions   |      |                       |        |              |        | Existing Positions |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |   |            | No. (FTE)   | Type | No. (FTE)             | Type   |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 601  | State   | GPR   | \$ 91,500  |   |      | .92                   | Perm   |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 641  | Federal | PRF   | \$ 121,500 |   |      | .88                   | Perm   |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 643  | Federal | PRF   | \$ 818,500 |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 644  | Federal | PRF   | \$ 30,000  |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 645  | Federal | PRF   | \$ 250,000 |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |   | \$         |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |   | \$         |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |   | \$         |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>15</b> Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>6%</u> Base <u>\$43,400</u> Amount <u>\$2,604</u> <input type="checkbox"/> No   |         |   |            |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>16</b> Authorizations<br><input type="checkbox"/> Delegated Review  |         | Authorized Agency Representative (Type or Print)<br>Steven D. Sell  |            | Title if other than Agency Secretary<br>Executive Director  |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         | Signature<br><i>Steven D. Sell</i>  |            | Date<br>3/24/95   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>   |         |   |            |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Reviewing Analyst <i>Mike Heifetz</i> Phone <u>7-0370</u>  |         | SAI Number <u>WI 950407-081-</u>  |            |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny   |         | Date Received <u>4-7-95</u>   |            | Date Due <u>4-21-95</u>   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Signature <i>Michael Heifetz</i>   |         | Date <u>4-10-95</u>   |            | Date Due <u>4-21-95</u>   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |       |     |           |  |  |     |      |     |         |     |            |  |  |     |      |     |         |     |            |  |  |  |  |     |         |     |           |  |  |  |  |     |         |     |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |

N 16  
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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

April 12, 1995

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

Refugee and Entrant Assistance-  
Discretionary Grants (Wisconsin Youth  
and Family Initiative-Keeping Education  
Among Youth for Success), State Application  
Identifier Number WI950328-070-N93576XX

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 that reads "James R. Klauser".

James R. Klauser  
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

*Revised*

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 Grants*  
*Refugee + Entrant Assistance -*

*Toss*  
*3-yr.*  
*Grant*  
*per*  
*Levy*

|   |  |   |                                    |
|---|--|---|------------------------------------|
| 1 Applicant Agency<br>Department of Health and Social Services  |  | 2 CFDA # <u>93-576</u>  | 3 Agency I.D. (Optional)           |
| 4 Address (Street/City/State/Zip)<br>1 W. Wilson Street<br>Madison WI 53707-7935<br>Contact Person<br>Susan G. Levy Phone 266-0578  |  | 5 Federal Agency to Receive Request<br>Department of Health & Human Services  |                                    |
| 8 Agency Project Title<br>Wisconsin Youth and Family Initiative - Keeping Education Among Youth for Success (KEYS)  |  | 6 Period of Funding Mo/Day/Year<br><u>05/01/95</u><br><u>09/30/96</u>   | 7 Application Due Date Mo/Day/Year |
| 11 Type of Application<br><input checked="" type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |  | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><i>NO W I E D</i> |                                    |
| 12 Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other _____  |  | 10 Area of Impact Counties/States   |                                    |
| 13 Number of Years Previously Funded _____  |  |   |                                    |

| 14 Funding, Allotment and Position Data (including Federal indirect costs) |                |              |                    |               |                |                    |      |
|--|----------------|--------------|--------------------|---------------|----------------|--------------------|------|
| Total Federal Funds Applied For <u>\$1,172,261</u> <i>revised Amt.</i>     |                |              |                    |               |                |                    |      |
| Numeric Appropriation  | Source         | Revenue Type | Amount             | New Positions |                | Existing Positions |      |
|  |                |              |                    | No. (FTE)     | Type           | No. (FTE)          | Type |
| <u>446/442</u>   | <u>Federal</u> | <u>PR-F</u>  | <u>\$1,172,261</u> | <u>1</u>      | <u>Project</u> | <u>0</u>           |      |
|  |                |              | \$                 |               |                |                    |      |
|  |                |              | \$                 |               |                |                    |      |
|  |                |              | \$                 |               |                |                    |      |
|  |                |              | \$                 |               |                |                    |      |
|  |                |              | \$                 |               |                |                    |      |
|  |                |              | \$                 |               |                |                    |      |
|  |                |              | \$                 |               |                |                    |      |

|  |  |   |  |
|--|--|---|--|
| 15 Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>11.6%</u> Base <u>\$43,260</u> Amount <u>\$5,018</u> <input type="checkbox"/> No |  |   |  |
| 16 Authorizations<br><input type="checkbox"/> Delegated Review   |  | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature <i>[Signature]</i> | Title if other than Agency Secretary<br>Acting Secretary<br>Date<br><u>3-30-95</u> |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

|  |  |
|--|--|
| Reviewing Analyst<br><i>Jennifer Sjogren</i> Phone <u>6-8219</u>   | SAI Number<br><u>WI950328-070-N</u>        |
| Recommendation: <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Received<br><u>4-6-95</u> <i>9357</i> |
| Signature<br><i>Jennifer Sjogren</i> Date <u>4/10/95</u>   | Date Due<br><u>4-11-95</u> <i>XX</i>       |

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

April 12, 1995

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

The Secretary's Fund for Innovation  
in Education (Challenging Content  
Standards), State Application  
Identifier Number WI950224-043-N84215XX

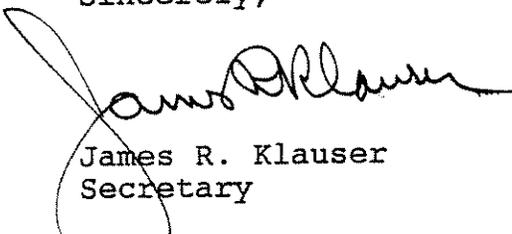
Dear Superintendent Benson:

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.

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

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

| 1 Applicant Agency<br>Wisconsin Department of Public Instruction  |         | 2 CFDA # <u>84 * 2-1-5E</u>   |              | 3 Agency I.D. (Optional)   |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|---|---------|---|--------------|--|----------------|-----------------------|---------------|--------------|--------|--------------------|--|--------------------|--|-----------|------|-----------|------|-----|---------|---------------------|--------------|---|------------|-----|---------------|--|--|-------|----|-----|----------------|----|------------|--|--|--|----|-----|--------|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip)<br>125 S. Webster Street, P.O. Box 7841<br>Madison, WI 53707-7841<br>Contact Person: Ellen Last<br>Phone: (608) 267-9265  |         | 5 Federal Agency to Receive Request<br>Dept. of Education   |              |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         | 6 Period of Funding Mo/Day/Year<br>11-1-95 to 10-31-96  |              | 7 Application Due Date Mo/Day/Year<br>2-17-95  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 8 Agency Project Title<br>Wisconsin's Plan for Systemic Change in the Teaching of ELA, For. Languages, Soc. Studies,  |         | 9 Executive Order 12372 Review Required<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>None</u><br><u>WI</u><br><u>ED</u> |              | 10 Area of Impact Counties/States<br>State of Wisconsin  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 11 Type of Application and the<br><input type="checkbox"/> New Grant Arts<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |         | 12 Type of Assistance<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____                                      |              |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 13 Number of Years Previously Funded <u>1</u>   |         | 14 Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>\$415,494.00</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>Department of Educ.</td> <td>\$415,494.00</td> <td>5</td> <td>Pro. Ass't</td> <td>1.0</td> <td>Proj-Director</td> </tr> <tr> <td></td> <td></td> <td>Grant</td> <td>\$</td> <td>1.0</td> <td>Research Coord</td> <td>.5</td> <td>Pro. Ass't</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td>1.0</td> <td>Editor</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 | Department of Educ. | \$415,494.00 | 5 | Pro. Ass't | 1.0 | Proj-Director |  |  | Grant | \$ | 1.0 | Research Coord | .5 | Pro. Ass't |  |  |  | \$ | 1.0 | Editor |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |
| Numeric Appropriation   | Source  | Revenue Type  | Amount       | New Positions  |                |                       |               |              |        | Existing Positions |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |   |              | No. (FTE)  | Type           | No. (FTE)             | Type          |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 141   | Federal | Department of Educ.   | \$415,494.00 | 5  | Pro. Ass't     | 1.0                   | Proj-Director |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         | Grant   | \$           | 1.0  | Research Coord | .5                    | Pro. Ass't    |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |   | \$           | 1.0  | Editor         |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |   | \$           |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |   | \$           |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |   | \$           |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |   | \$           |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |   | \$           |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 15 Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>6.3</u> Base <u>390,869.00</u> Amount <u>24,625.00</u> <input type="checkbox"/> No  |         | 16 Authorizations<br><input type="checkbox"/> Delegated Review  |              |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         | Authorized Agency Representative (Type or Print)<br>John T. Benson<br>Signature: <u>John T. Benson</u>  |              | Title if other than Agency Secretary<br>State Superintendent<br>Date: <u>2-14-95</u>   |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY   |         |   |              |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Reviewing Analyst: <u>Rob Cramer</u> Phone: <u>6-1923</u>   |         | SAI Number: <u>WI 950204-043-N</u>  |              |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Recommendation: <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny  |         | Date Received: <u>2-24-95</u>   |              |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Signature: <u>Robert Cramer</u> Date: <u>2-27-95</u>  |         | Date Due: <u>3-10-95</u>  |              |  |                |                       |               |              |        |                    |  |                    |  |           |      |           |      |     |         |                     |              |   |            |     |               |  |  |       |    |     |                |    |            |  |  |  |    |     |        |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |

84  
215  
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

April 13, 1995

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

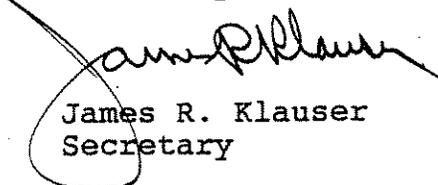
Federal-State Marketing Improvement  
Program (WI Agribusiness Exporters  
Handbook), State Application Identifier  
Number WI950407-075-N10156XX

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**

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

*Program*  
*Fed-State Marketing Improvement*

|  |   |  |
|--|---|--|
| <p>1 Applicant Agency<br/><b>DATCP</b></p>   | <p>2 CFDA # <b>1-0-156</b></p>  | <p>3 Agency I.D. (Optional)</p>  |
| <p>4 Address (Street/City/State/Zip)<br/><b>2811 Agriculture Drive<br/>Madison, WI 53704</b><br/>Contact Person<br/><b>Jennifer Thomas</b> Phone <b>608/224-5114</b></p>   | <p>5 Federal Agency to Receive Request<br/><b>USDA/AMS</b></p>  |  |
| <p>8 Agency Project Title<br/><b>WI Agribusiness Exporters Handbook</b></p>  |   | <p>7 Application Due Date<br/>Mo/Day/Year<br/><b>9-12 months</b></p>   |
| <p>11 Type of Application<br/><input checked="" type="checkbox"/> New Grant<br/><input type="checkbox"/> Amendment to Current Grant<br/><input type="checkbox"/> Continuation-Unchanged<br/><input type="checkbox"/> Continuation-Modified</p> | <p>12 Type of Assistance<br/>Grant<br/><input type="checkbox"/> Formula<br/><input checked="" type="checkbox"/> Discretionary<br/>Other _____</p> | <p>9 Executive Order 12372 Review Required<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>Clearinghouses: Notified Dates<br/><b>No WI</b><br/><b>EF</b><br/>All</p> |
| <p>10 Area of Impact Counties/States<br/><b>Wisconsin</b></p>  |   |  |
| <p>13 Number of Years Previously Funded <b>0</b></p>   |   |  |

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 |
| 341-MY                | FED    | PR-F         | \$ 25,439 | 1             | LTE  |                    |      |
| 301-KO                | GPR    |              | \$ 25,429 |               |      |                    |      |
|                       |        |              | \$        |               |      |                    |      |
|                       |        |              | \$        |               |      |                    |      |
|                       |        |              | \$        |               |      |                    |      |
|                       |        |              | \$        |               |      |                    |      |
|                       |        |              | \$        |               |      |                    |      |
|                       |        |              | \$        |               |      |                    |      |
|                       |        |              | \$        |               |      |                    |      |

15 Indirect Cost Reimbursement  
 Yes Rate **21.94** Base **\$15,000** Amount **\$3,291**  No

16 Authorizations

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print)<br><b>Elizabeth Kohl</b> | Title if other than Agency Secretary<br><b>Deputy Secretary</b> |
|   | Signature<br><i>Elizabeth Kohl</i>  | Date<br><b>3-16-95</b>  |

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst *Judy Jugonheim* Phone **6-7597** SAI Number **950407-015-N10**

Recommendation:  Approve  Approve With Conditions  Deny Date Received **4-7-95** **156X**

Signature *J. Jugonheim* Date **10 April 95** Date Due **4-21-95**

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

April 13, 1995

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

The Secretary's Fund for Innovation  
in Education (Connecting the Curriculum-  
Multidisciplinary State Frameworks  
and Guidelines Project), State Application  
Identifier Number WI950224-042-N84215XX

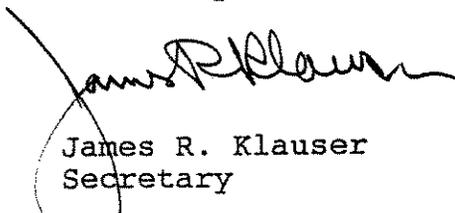
Dear Superintendent Benson:

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.

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**

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

*Innovation in Education*  
*The Secretary's Fund For*

|  |   |  |
|--|---|--|
| <b>1 Applicant Agency</b><br>WI Dept. of Public Instruction  | <b>2</b><br>CFDA # <u>84 • 215</u>                                    | <b>3 Agency I.D. (Optional)</b>  |
| <b>4 Address (Street/City/State/Zip)</b><br>125 South Webster Street<br>Madison, WI 53707-7841<br>Contact Person<br>Judy Peppard Phone 608/267-9289  | <b>5 Federal Agency to Receive Request</b><br>Department of Education |  |
|  | <b>6 Period of Funding Mo/Day/Year</b><br>8/1/93<br>7/31/96           | <b>7 Application Due Date Mo/Day/Year</b>  |
| <b>8 Agency Project Title</b><br>Connecting the Curriculum-Multidisciplinary State Frameworks and Guidelines Project   |   | <b>9 Executive Order 12372 Review Required</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Clearinghouses: Notified Dates<br>_____<br>_____<br>_____ All _____ |
| <b>11 Type of Application</b><br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input checked="" type="checkbox"/> Continuation-Modified |   | <b>12 Type of Assistance</b><br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other _____  |
| <b>10 Area of Impact Counties/States</b><br>State-wide   |   |  |

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

**14 Funding, Allotment and Position Data (including Federal indirect costs)**  
 Total Federal Funds Applied For 1995-1996 \$331,537

| Numeric Appropriation | Source | Revenue Type | Amount   | New Positions |      | Existing Positions |      |
|-----------------------|--------|--------------|----------|---------------|------|--------------------|------|
|                       |        |              |          | No. (FTE)     | Type | No. (FTE)          | Type |
| 141-407               |        | Federal      | \$ _____ |               |      | 1.5                |      |
|                       |        |              | \$ _____ |               |      |                    |      |
|                       |        |              | \$ _____ |               |      |                    |      |
|                       |        |              | \$ _____ |               |      |                    |      |
|                       |        |              | \$ _____ |               |      |                    |      |
|                       |        |              | \$ _____ |               |      |                    |      |
|                       |        |              | \$ _____ |               |      |                    |      |
|                       |        |              | \$ _____ |               |      |                    |      |
|                       |        |              | \$ _____ |               |      |                    |      |

**15 Indirect Cost Reimbursement**  
 Yes Rate 6.3 Base 312,125 Amount 19,412  No

**16 Authorizations**  
 Delegated Review  
 Authorized Agency Representative (Type or Print) John T. Benson  
 Signature John T. Benson  
 Title if other than Agency Secretary State Superintendent  
 Date 2-6-95

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Bob Cramer Phone 608-1923 SAI Number WI950224-042

Recommendation:  Approve  Approve With Conditions  Deny  
 Signature Bob Cramer Date 2-27-95 Date Received 2-24-95 Date Due 3-10-95

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

N8  
215  
X8

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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



47  
1  
Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

April 17, 1995

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

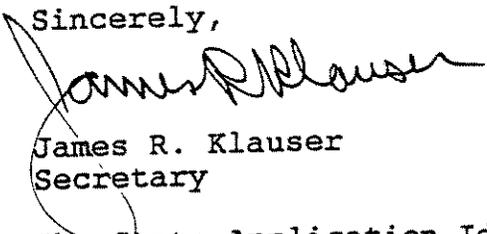
Institutional Energy Conservation  
Program, State Application Identifier  
Number WI950413-087-N81052XX

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

PF

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<br>Wisconsin Department of Administration  | <b>2</b> CFDA # <u>81 • 052</u>            | <b>3</b> Agency I.D. (Optional)  |
| <b>4</b> Address (Street/City/State/Zip)<br>101 East Wilson Street, 6th Floor<br>Madison, WI 53707-7868<br>Contact Person<br>Peter Sutherland Phone 608/266-5549   | <b>5</b> Federal Agency to Receive Request |  |
| <b>6</b> Period of Funding Mo/Day/Year<br><u>7/1/95</u><br><u>6/30/96</u>  |  | <b>7</b> Application Due Date Mo/Day/Year<br><u>5/1/95</u>   |
| <b>8</b> Agency Project Title <u>Energy</u><br>Institutional/Conservation Program  |  | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>no WIEO</u><br>All |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |  | <b>12</b> Type of Assistance<br><input checked="" type="checkbox"/> Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____           |
| <b>13</b> Number of Years Previously Funded _____  |  | <b>10</b> Area of Impact Counties/States<br>State of <u>Wisconsin</u>  |

| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) |         |              |            |                         |      |                                   |
|---|---------|--------------|------------|-------------------------|------|-----------------------------------|
| Total Federal Funds Applied For <u>\$80,000</u>                                   |         |              |            |                         |      |                                   |
| Appropriation   | Source  | Revenue Type | Amount     | New Positions No. (FTE) | Type | Existing Positions No. (FTE) Type |
| 142   | Federal | PR-F         | \$ 80,000  |                         |      | (See attached)                    |
| 101   | State   | GPR          | \$ 41,193  |                         |      |                                   |
| 143   | PVE     | PR-Oil OCg   | \$ 698,879 |                         |      |                                   |
|   |         |              | \$         |                         |      |                                   |
|   |         |              | \$         |                         |      |                                   |
|   |         |              | \$         |                         |      |                                   |
|   |         |              | \$         |                         |      |                                   |
|   |         |              | \$         |                         |      |                                   |
|   |         |              | \$         |                         |      |                                   |

**15** Indirect Cost Reimbursement  
 Yes Rate 6% Base \_\_\_\_\_ Amount \$4,008  No

|   |   |  |
|---|---|--|
| <b>16</b> Authorizations<br><br><input type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print)<br>Nathaniel E. Robinson<br>Signature <u>[Signature]</u> | Title if other than Agency Secretary<br>Administrator, Division of Energy<br>Date & Intergovernmental Relations<br><u>04/17/95</u> |
|---|---|--|

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|  |                     |                                    |
|--|---------------------|------------------------------------|
| Reviewing Analyst <u>Mike Heifetz</u>  | Phone <u>7-0370</u> | SAI Number <u>WI950413-087-N81</u> |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date <u>4-26-95</u> | Date Received <u>4-13-95</u>       |
| <u>Michael Heifetz</u>   | Date <u>4-26-95</u> | Date Due <u>4-27-95</u>            |

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