

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

May 24, 1996

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

Anadromous and Great Lakes Fisheries
Conservation (Influences of Large Woody
Debris on Anadromous Salmonine Populations
in Wisconsin Tributaries to Lake Superior), State
Application Identifier Number WI960410-052-N11405YY

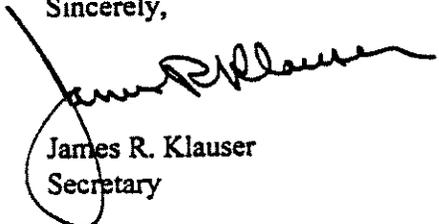
Dear Mr. Bazzell:

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 s. 16.54, Wis. Stats., 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 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 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

*Fisheries Conservation
Anadromous & Great Lakes*

1 Applicant Agency Department of Natural Resources	2 CFDA # <u>11.405</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) Box 7921 Madison, WI 53707 Contact Person Thomas J. Niebauer Phone 608-266-5893	5 Federal Agency to Receive Request National Marine Fisheries Service	6 Period of Funding Mo/Day/Year <u>DOA</u> <u>9/30/97</u>
8 Agency Project Title Influences of large woody debris on anadromous salmonine populations in WI tributaries to Lake Superior	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>NWRPC</u> <u>redo</u> <u>WI</u> <u>4-9-96</u> <u>EO</u>	10 Area of Impact Counties/States Counties bordering Lake Superior <u>NWRPC</u>
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded <u>0</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$24,500</u>				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
<u>181</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 20,678</u>				
<u>161</u>	<u>State</u>	<u>Seg.</u>	<u>\$ 20,678</u>			<u>Approx. .5 FTE</u>	
<u>882</u>	<u>Indirect</u>		<u>\$ 7,644</u>				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement Yes Rate 24.08 Based on a negotiated rate. No
Base _____ Amount _____

16 Authorizations: <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Franc Fennessy, Administrator</u> Signature <u><i>Franc Fennessy</i></u>	Title if other than Agency Secretary <u>Div. of Management Services</u> Date <u>April 9, 1996</u>
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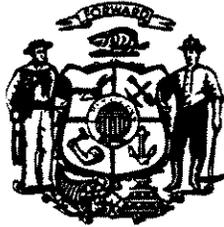
FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u><i>Kirsten Anderson</i></u> Phone <u>6-2973</u>	SAI Number <u>WI96040-052-N</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>4-10-96</u>
Signature <u><i>Russell Yeaman</i></u> Date <u>4/11/96</u>	Date Due <u>4-24-96</u>

COMMENTS: _____

405
VI

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

May 24, 1996

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

Sport Fish Restoration and Wildlife Restoration
(Fish and Wildlife Federal Aid Program Administration),
State Application Identifier Number WI960423-065-N15605(11)XX

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'James R. Klauser', written over a circular stamp or mark.

James R. Klauser
Secretary

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

1 Applicant Agency Dept. of Natural Resources	2 1 5 6 0 5 CFDA # <u>15-611</u>	3 Agency I.D. (Optional) <u>688</u>
4 Address (Street/City/State/Zip) P.O. Box 7921 Madison, WI 53707 Contact Person Thomas J. Niebauer Phone 266-5893	5 Federal Agency to Receive Request U.S. Fish & Wildlife Service	
8 Agency Project Title Fish and Wildlife Federal Aid Program Administration	6 Period of Funding Mo/Day/Year 7-1-96 to 6-30-2000	7 Application Due Date Mo/Day/Year 5-1-96
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ Needs WI ED X All 4-16-96
13 Number of Years Previously Funded 8	10 Area of Impact Counties/States <u>Statewide</u>	

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

Total Federal Funds Applied For \$298,200

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
581	Federal	SEG-F	\$ 249,040			1	Perm
561	State	SEG	\$ 83,012			about 1	Perm
882	Indirect-Fed.	Seg.-F	\$ 49,160				
861	Indirect-State	SEG	\$ 16,388				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement (Based on a negotiated rate.)
 Yes Rate 24.11 Base _____ Amount \$65,548 No

16 Authorizations

Delegated Review

Authorized Agency Representative (Type or Print)
Franc Fennessy, Administrator
Signature _____
Date 4-11-96

Title if other than Agency Secretary
Div. of Management Services

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Kristen Prindo Phone 6-7973 SAI Number WT960423-065

Recommendation: Approve Approve With Conditions Deny

Signature Kristen Prindo Date 4/25/96 Date Received 4/23/96 Date Due 4/30/96

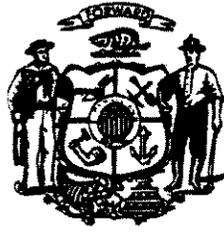
COMMENTS:

XX

605
(11)

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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Madison, WI 53707-7864

May 24, 1996

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

Wetlands Protection-State and Tribal Development
Grant (Identifying and Protecting Critical Shoreland
and Wetland Wildlife Habitat in Northern Wisconsin
Lake Watersheds), State Application Identifier Number
WI960429-071-N66461XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., 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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James R. Klauser
Secretary

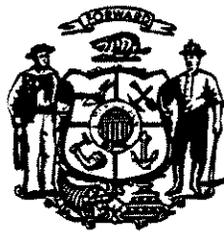
WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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 Department of Natural Resources			2 CFDA# 66.461		3 Agency I.D. (Optional) 699	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person: Ed Boebel Phone: 608/266-9252			5 Federal Agency to Receive Request U.S. Environmental Protection Agency			
8 Agency Project Title Identifying & Protecting Critical Shoreland & Wetland Wildlife Habitat in Northern Wisconsin Lake Watersheds			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Wade WT</i> <i>EC</i>		7 Application Due Date Mo/Day/Year 06-01-96	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified			12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		10 Area of Impact Counties/States Statewide	
13 Number of Years previously funded: 0			14 Funding, Allotment and Position Data (Including Federal indirect costs) Total Federal Funds Applied For <u>\$42,880</u>			
			New Positions		Existing Positions	
Numeric	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)
181	Federal	SEG-F	\$36,218			
882	Federal	PR-F	\$6,662			
161	State	SEG	\$13,011			
861	State	SEG-S	\$2,221			
			\$			
			\$			
			\$			
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$36,889</u> Amount <u>\$8,883</u> <input type="checkbox"/> No						
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc M. Fennessy Signature: <i>Franc M. Fennessy</i>			Title if other than Agency Secretary Administrator - Management Services Date: <u>4/23/96</u>	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY						
Reviewing Analyst: <i>Russell Kaszussen</i> Phone: <u>6-7973</u>		SAI Number: <u>WT 960429-071-N</u>				
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received: <u>4-29-96</u>				
Signature: <i>Russell Kaszussen</i> Date: <u>5/7/96</u>		Date Due: <u>5-13-96</u>				
COMMENTS:						

66
461
21



TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

May 24, 1996

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

Wetlands Protection-State and Tribal Development
Grant (Implementation of Strengthened Shoreland Zoning
Standards for Wetland Protection and Watershed Integration),
State Application Identifier Number WI960429-072-N66461XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., 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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James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

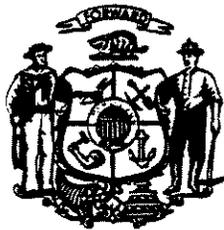
Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 50)

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

*Development Grants
Wetlands Protection - State & Tribal*

1 Applicant Agency Department of Natural Resources				2 CFDA# 66.461		3 Agency I.D. (Optional) 697	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921				5 Federal Agency to Receive Request U.S. Environmental Protection Agency			
Contact Person Ed Boebel Phone 608/266-9252				6 Period of Funding Mo/Day/Year 10-01-96 09-30-97		7 Application Due Date Mo/Day/Year 06-01-96	
8 Agency Project Title Implementation of Strengthened Shoreland Zoning Standards for Wetland Protection and Watershed Integration				9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10 Area of Impact Counties/States Statewide	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other: -		Clearinghouses: Notified Dates <i>Need WI EO</i>			
13 Number of Years previously funded: 1				4-25-96 AE			
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For \$72,764							
				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
341	Federal	PR-F	\$61,481			1.0	Proj-05
846	Federal	PR-F	\$11,283				
301	State	GPR	\$20,494				
801			\$3,761				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 24.08% Base \$62,445 Amount \$15,044 <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated-Review				Authorized Agency Representative (Type or Print) Franc M. Fennessy Signature <i>Franc M. Fennessy</i>		Title if other than Agency Secretary Administrator - Management Services Date April 23, 1996	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>Russell Asmus</i>				Phone 6-7773		SAI Number WI 960429-012-N	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received 4-29-96		66	
Signature <i>Russell Asmus</i>				Date 5/7/96		461	
Date Due 5-13-96				XX			
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

May 24, 1996

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

Inter-Jurisdictional Fisheries Act of 1986 (Great
Lakes Commercial Fisheries Statistics Information
System), State Application Identifier Number
WI960429-070-N11407ZZ

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 s. 16.54, Wis. Stats., 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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James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Inter-jurisdictional Fisheries Act of 1986

1 Applicant Agency Department of Natural Resources		2 CFDA # <u>11.407</u>	3 Agency I.D. (Optional)																																																																												
4 Address (Street/City/State/Zip) Box 7921 Madison, WI 53707 Contact Person Thomas J. Niebauer Phone 608/266-5893		5 Federal Agency to Receive Request National Marine Fisheries Service																																																																													
		6 Period of Funding Mo/Day/Year <u>10/1/96</u> <u>09/30/98</u>	7 Application Due Date Mo/Day/Year <u>6/1/96</u>																																																																												
8 Agency Project Title Great Lakes Commercial Fisheries Statistics Information System		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>needs WI</u> <u>EF</u> <u>X All 4-25-96</u>																																																																													
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States Counties <u>bordering Lakes</u> <u>Michigan &</u> <u>Superior</u>																																																																													
13 Number of Years Previously Funded <u>8 yrs.</u>		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$24,420</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><u>181</u></td> <td><u>Federal</u></td> <td><u>PR-F</u></td> <td><u>\$ 20,356</u></td> <td></td> <td></td> <td><u>1</u></td> <td><u>LTE</u></td> </tr> <tr> <td><u>161</u></td> <td><u>State</u></td> <td><u>Seg.</u></td> <td><u>\$ 6,784</u></td> <td></td> <td></td> <td><u>about 1</u></td> <td><u>Perm</u></td> </tr> <tr> <td><u>882</u></td> <td><u>Indirect-Fed</u></td> <td></td> <td><u>\$ 4,064</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>861</u></td> <td><u>Indirect-State</u></td> <td></td> <td><u>\$ 1,356</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>\$</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>\$</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>\$</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>\$</u></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	<u>181</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 20,356</u>			<u>1</u>	<u>LTE</u>	<u>161</u>	<u>State</u>	<u>Seg.</u>	<u>\$ 6,784</u>			<u>about 1</u>	<u>Perm</u>	<u>882</u>	<u>Indirect-Fed</u>		<u>\$ 4,064</u>					<u>861</u>	<u>Indirect-State</u>		<u>\$ 1,356</u>								<u>\$</u>								<u>\$</u>								<u>\$</u>								<u>\$</u>				
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: [Signature] Phone 609973 SAI Number WI 960429-070-N
 Recommendation: Approve Approve With Conditions Deny Date Received 4-29-96
 Signature: [Signature] Date 5/7/96 Date Due 5-13-96

COMMENTS:

407
77

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

May 24, 1996

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

Superfund State Site-Specific Cooperative
Agreements (Superfund Core Program), State
Application Identifier Number WI960429-074-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 s. 16.54, Wis. Stats., 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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Secretary

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., 8th Floor
P.O. Box 7808
Madison, WI 53707-7808
Telephone (608) 267-2125

Cooperative Agreement
Superfund State Site - Specific

1 Applicant Agency Department of Natural Resources			2 CFDA# 66802		3 Agency I.D. (Optional) 698																																																									
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7821 Contact Person Dick Kalnicky Phone 608/267-7554			5 Federal Agency to Receive Request U.S. EPA, Region V																																																											
			6 Period of Funding Mo/Day/Year 7/1/96 9/30/97		7 Application Due Date Mo/Day/Year 6/15/96																																																									
8 Agency Project Title Superfund-Core Program			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Need WI</i> <i>EO</i>		10 Area of Impact Counties/States State of Wisconsin																																																									
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																												
13 Number of Years previously funded: 6			x 4-25-96 AIE																																																											
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																														
Total Federal Funds Applied For <u>\$617,500</u>																																																														
<table border="1" 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: center;">New Positions No. (FTE)</th> <th style="text-align: center;">Existing Positions No. (FTE)</th> <th style="text-align: left;">Type</th> </tr> </thead> <tbody> <tr> <td>02-241</td> <td>Fed RCRA</td> <td>PRF</td> <td>\$504,363</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">6.5</td> <td>PERM</td> </tr> <tr> <td>02-241</td> <td>Fed RCRA</td> <td>PRF</td> <td>\$w/PERM</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">3.0</td> <td>PROJ</td> </tr> <tr> <td>02-846</td> <td>Indirect</td> <td>PRF</td> <td>\$113,137</td> <td style="text-align: center;">.....</td> <td></td> <td></td> </tr> <tr> <td>02-201</td> <td>GPR</td> <td>GPR</td> <td>\$66,040</td> <td style="text-align: center;">.....</td> <td></td> <td></td> </tr> <tr> <td>02-801</td> <td>GPR</td> <td>GPR</td> <td>\$12,571</td> <td style="text-align: center;">.....</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">.....</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">.....</td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)	Type	02-241	Fed RCRA	PRF	\$504,363	6.5	PERM	02-241	Fed RCRA	PRF	\$w/PERM	3.0	PROJ	02-846	Indirect	PRF	\$113,137			02-201	GPR	GPR	\$66,040			02-801	GPR	GPR	\$12,571					
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)	Type																																																								
02-241	Fed RCRA	PRF	\$504,363	6.5	PERM																																																								
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02-846	Indirect	PRF	\$113,137																																																										
02-201	GPR	GPR	\$66,040																																																										
02-801	GPR	GPR	\$12,571																																																										
																																																													
																																																													
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$522,038</u> Amount <u>\$125,708</u> <input type="checkbox"/> No																																																														
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc M. Fennessey Signature <i>Franc M. Fennessey</i>			Title if other than Agency Secretary Administrator Date <u>April 23, 1996</u>																																																									
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																														
Reviewing Analyst <u>Russ Rasmussen</u> Phone _____				SAI Number <u>WI 960429-074</u>																																																										
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <u>4-29-96</u>																																																										
Signature <u>Russell Rasmussen</u> Date <u>5/1/96</u>				Date Due <u>5-13-96</u>																																																										
COMMENTS:																																																														

074
N66
802

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

May 24, 1996

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

Plant and Animal Disease , Pest Control and Animal
Care (Purple Loosestrife Biocontrol Program), State
Application Identifier Number WI960522-093-N10025XX

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'James R. Klauser'. The signature is written in a cursive style with a large initial 'J' and 'K'.

James R. Klauser
Secretary

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

Plant & Animal Disease

PO

1 Applicant Agency Wisconsin Dept. of Natural Resources	2 CFDA # <u>10 - 025</u>	3 Agency I.D. (Optional) <u>706</u>
4 Address (Street/City/State/Zip) 101 S. Webster St. PO Box 7921, Madison, WI 53707 Contact Person Tim Grunewald, WM/4 Phone 608-264-6137	5 Federal Agency to Receive Request USDA - APHIS	
8 Agency Project Title <u>Purple Loosestrife Biocontrol Program</u>	6 Period of Funding Mo/Day/Year <u>05/01/96 - 04/30/97</u>	7 Application Due Date Mo/Day/Year <u>5/01/96</u>
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Other	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ _____ All
10 Area of Impact Counties/States <u>Statewide</u>		

13 Number of Years Previously Funded 0

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

Total Federal Funds Applied For \$2,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<u>181</u>	<u>Federal</u>		<u>\$ 1,612</u>				
<u>161</u>	<u>State</u>		<u>\$ 1,612</u>				
<u>882</u>	<u>Fed/State Ind.</u>		<u>\$ 776</u>				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 24.08% Base \$ 3,224 Amount \$ 776 No

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print) Frank Fennessy
 Title if other than Agency Secretary Admin. Management Services
 Signature William M. Ormrod Date May 15, 1996

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Paula Rosenberger 6-7329 SAI Number WI 960522-09B

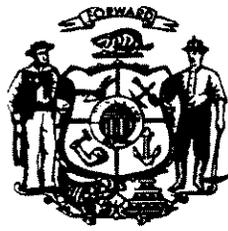
Recommendation: Approve Approve With Conditions Deny Date Received 5-22-96

Signature Kristen M. Spinde Date 5/23/96 Date Due 6-5-96

COMMENTS:

VIC
CAS
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

May 30, 1996

Valorie T. Olson, Executive Secretary
Higher Educational Aids Board
131 W. Wilson Street, Suite 902
PO Box 7885
Madison, WI 53707-7885

State Student Incentive Grant, State Application
Identifier Number WI960522-096-N84069XX

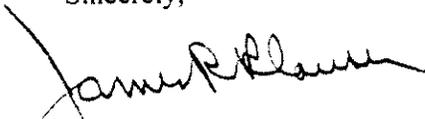
Dear Executive Secretary Olson:

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 s. 16.54, Wis. Stats., 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.

A copy of this letter must be transmitted to the federal granting 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 608/257-2125

84.069

1 Applicant Agency Higher Educational Aids Board		2 CFDA# 13-548 235						
4 Address (Street/City/State/Zip) P.O. Box 7885 Madison, WI 53707 Contact Person Sherrie Nelson Phone 267-2944		5 Federal Agency to Receive Request U.S. Dept. of Education						
8 Agency Project Title State Student Incentive Grant		6 Period of Funding Mo/Day/Year 7-1-96 6-30-97	7 Application Due Date Mo/Day/Year June 6, 1996					
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed EC All						
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Statewide						
13 Number of Years Previously Funded								
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For _____								
	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
	EQ8	Federal	SSIG	\$ 653,918	0		0	
	DV8	State	GPR	\$ 653,918	0		0	
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No								
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Valorie T. Olson Signature <i>Valorie T. Olson</i>			Title if other than Agency Secretary Date 5-20-96			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY								
Reviewing Analyst <i>Brian Fahnke</i>		Phone <i>48259</i>		SAI Number <i>WISCONSIN-096</i>		Date Received <i>5-22-96</i>		
Recommendation: <input checked="" type="checkbox"/> Approve		<input type="checkbox"/> Approve With Conditions		<input type="checkbox"/> Deny		Date Due <i>06-05-96</i>		
Signature <i>Brian Fahnke</i>		Date <i>5/30/96</i>						
COMMENTS:								



TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

May 31, 1996

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

State Partnerships (Use of Stable Isotopes ratios
in Mink), State Application Identifier Number
WI960524-098-N15977XX

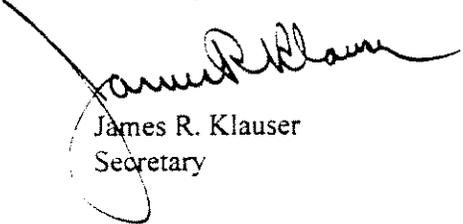
Dear Mr. Bazzell:

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,


James R. Klauser
Secretary

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

State Partnerships

<p>1 Applicant Agency Wisconsin Dept. of Nat. Res.</p>	<p>2 CFDA # <u>15 . 9 7 7</u></p>	<p>3 Agency LD. (Optional) <u>704</u></p>
<p>4 Address (Street/City/State/Zip) Box 7921, WM/4 Madison, WI 53707-7921</p> <p>Contact Person (608) Kathleen A. Patnode Phone 267-7974</p>	<p>5 Federal Agency to Receive Request National Biological Service</p>	
<p>6 Period of Funding Mo/Day/Year <u>6/1/96</u> <u>9/1/96</u></p>		<p>7 Application Due Date Mo/Day/Year 5/1/96</p>
<p>8 Agency Project Title (Use of Stable Isotopes ratios in mink.)</p>		<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Clearinghouses: Notified Dates <i>hs jed</i> <u>5-21-96</u></p>
<p>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____</p>	
<p>13 Number of Years Previously Funded <u>NA</u></p>		

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

Total Federal Funds Applied For \$20,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
181	NBS	Federal	\$ 18,030				
161	WDNR	Seg.	\$ 14,956			.25	perm
882	Indirect	BOTH	\$ 3,600				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 24.08 Base \$14,956 Amount \$3,600 No

16 Authorizations

<p><input type="checkbox"/> Delegated Review</p>	<p>Authorized Agency Representative (Type or Print) Franc Fennessey</p> <p>Signature <i>Franc Fennessey</i></p>	<p>Title if other than Agency Secretary Administrator-Mgmt. Serv.</p> <p>Date May 17, 1996</p>
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Kirstin M. Fink* Phone _____ SAI Number WI 960524-098-N

Recommendation: Approve Approve With Conditions Deny Date Received 5-24-96

Signature *Kirstin M. Fink* Date 5/24/96 Date Due 6-7-96

COMMENTS:

15977
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

National Historical Publications & Records Grants

1 Applicant Agency Wis. Historical Records Advisory Board	2 CFDA # <u>89.003</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) : Archives Division State Historical Society of WI 816 State St., Madison, WI 53706 Contact Person <u>Peter Gottlieb</u> Phone <u>264-6486</u>	5 Federal Agency to Receive Request <u>National Historical Publications and Records Commission</u>	
8 Agency Project Title <u>Guidelines of Best Archival Practices</u>	6 Period of Funding Mo/Day/Year <u>1/1/97</u> <u>9/31/98</u>	7 Application Due Date Mo/Day/Year <u>6/1/96</u>
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ <u>no WI</u> <u>EC</u> _____ All
10 Area of Impact Counties/States <u>Statewide</u>		
13 Number of Years Previously Funded _____		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$53,328.00</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>141</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 53,328</u>	<u>1.00</u>	<u>Project</u>		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate _____ Base _____ Amount _____ No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>ROBERT HAMPDEN JR</u> Signature <u>[Signature]</u>	Title of other than Agency Secretary <u>Acting Director</u> Date <u>MAY 24, 1996</u>
---	--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Orlando Cantu</u> Phone <u>6-1103</u>	SAI Number <u>WI960524-097-</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>5-24-96</u>	
Signature <u>[Signature]</u> Date <u>5/28/96</u>	Date Due <u>6-1-96</u>	

N
8900
X

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

May 30, 1996

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

National Historical Publications and Records Grants
(Guidelines of Best Archival Practices), State Application
Identifier Number WI960524-097-N89003XX

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

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

James R. Klauser
Secretary

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

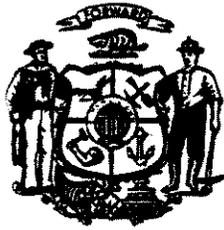
1 Applicant Agency Dept. of Industry, Labor & Human Relations	2 N/A CFDA #	Agency ID# (Optional) EED 07-97
4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Amy Phillips Phone 267-9611	5 Federal Agency to Receive Request U. S. Dept. of Labor	
	6 Period of Funding Mo/Day/Year 07/01/96- 06/30/97	7 Application Due Date Mo/Day/Year 5/27/96
8 Agency Project Title NOICC-BAG	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	10 Area of Impact Counties/States Statewide
13 Number of Years Previously Funded more than 7 years		All

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For 110,703							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
141	Federal	PR-F	\$ 110,497			.87	Perm
153-Indirect	Federal	PR-F	\$ 206				

15	Indirect Cost Reimbursement	
<input checked="" type="checkbox"/>	Yes Rate .0075 of Salaries Base \$ 27,519 Amount \$ 206	<input type="checkbox"/> No
16	Authorizations	
<input checked="" type="checkbox"/>	Delegated Review	
	Authorized Agency Representative (Type or Print) Susan Huss	Title if other than Agency Secretary Budget Analyst
	Signature <i>Susan Huss</i>	Date May 28, 1996

FOR DEPARTMENT OF ADMINISTRATION USE ONLY			
Reviewing Analyst	<i>Dorinda Costa</i>	Phone	6-1103
Recommendation:	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	SAI Number	WI 960531-101-1
Signature	<i>[Signature]</i>	Date Received	5-31-96 000
COMMENTS:		Date Due	Del. 00X
		Date	5/3/96
<input type="checkbox"/> 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

June 6, 1996

Joe Leean, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

State and Community-Based Childhood Lead
Poisoning Program, State Application Identifier
Number WI960429-076-N93197XX

Dear Secretary Leean:

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read "James R. Klauser".

James R. Klauser
Secretary

7-800-7

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration
Form GOA-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 Wisconsin Dept. of Health & Social Services		2 CFDA # 9.3.1.9.7	3 Agency L.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 309 Madison, WI 53701-0309 Contact Person Bill Otto Phone (608) 268-9337		5 Federal Agency to Receive Request DHSS: Centers for Disease Control	
		6 Period of Funding Mo/Day/Year 7/01/96 6/30/97	7 Application Due Date Mo/Day/Year 4/12/96
8 Agency Project Title State and Community-Based Childhood Lead Poisoning Program		9 Executive Order 12172 Renew Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WT EO	10 Area of Impact Counties/States Statewide
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other		
13 Number of Years Previously Funded 5			

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

Total Federal Funds Applied For \$1,671,256

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$1,671,256			1.0	perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 14.1 Base \$26,030 Amount \$3,670 No

16 Authorizations

Delegated Review

Authorized Agency Representative (Type or Print) Richard W. Lorang Title if other than Agency Secretary Deputy Secretary

Signature *[Signature]* Date 4-11-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Aue Jablonsky* Phone 7-9546 SAI Number WF960429-076-N

Recommendation: Approve Approve With Conditions Deny Date Received 4-29-96

Signature *S. Jablonsky* Date 6/4/96 Date Due 5-13-96

93
1997
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

June 6, 1996

Joe Leean, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

Food Stamps (FCS State Exchange
Program), State Application Identifier
Number WI960605-110-N10551XX

Dear Secretary Leean:

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 s. 16.54, Wis. Stats., 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.

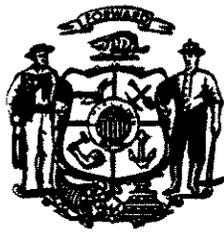
A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

A handwritten signature in black ink, appearing to read "James R. Klauser".

James R. Klauser
Secretary

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

June 17, 1996

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

Desegregation Assistance, Civil Rights Training and Advisory
Services (Desegregation of Public Instruction), State Application
Identifier Number WI960522-095-N84004XX

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'James R. Klauser', written over a large, stylized flourish that loops around the text.

James R. Klauser
Secretary

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

June 17, 1996

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

(Emergency) Immigrant Education Program,
State Application Identifier Number
WI960522-094-N84162ZZ

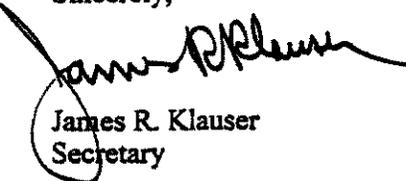
Dear Superintendent Benson:

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 s. 16.54, Wis. Stats., 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.

A copy of this letter must be transmitted to the federal granting 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 7888
Madison, WI 53707-7888
Telephone 608/267-2125

1 Applicant Agency Department of Public Instruction		2 CFDA # <u>84 • 162</u>	3 Agency I.D. (Optional)		
4 Address (Street/City/State/Zip) 125 S. Webster Street Madison, WI 53702 Contact Person Barbara A. Bitters Phone 266-9609		5 Federal Agency to Receive Request US Department of Education			
		6 Period of Funding Mo/Day/Year <u>10-1-96</u> <u>9-30-97</u>	7 Application Due Date Mo/Day/Year 5-15-96		
8 Agency Project Title <u>Emergency Immigrant Education Program</u>		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI EO</u> All			
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		10 Area of Impact Counties/States counties of: <u>Marathon</u> <u>NO KPC</u> <u>Milwaukee</u> <u>SEWRPC</u>			
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____					
13 Number of Years Previously Funded _____					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>to be determined by USDE</u>					
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE) Type	Existing Positions No. (FTE) Type
241 410	federal		\$	n/a	n/a
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.2%</u> (estimate) <u>see above</u> Amount _____ <input type="checkbox"/> No					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) John T. Benson Signature <u>John T. Benson</u>		Title if other than Agency Secretary State Superintendent Date 5-15-96	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <u>Rob Crasner</u>		Phone <u>6-1923</u>		SAI Number <u>WI-960522-094-N</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>5-22-96</u>		84162	
Signature <u>Robert Crasner</u>		Date <u>6-6-96</u>		Date Due <u>6-5-96</u>	
22					

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

June 17, 1996

The Honorable James Doyle
Attorney General
Wisconsin Department of Justice
114 East, State Capitol
PO Box 7857
Madison, WI 53702

Assistance to Victims of Federal Crime in Indian
Country, State Application Identifier Number
WI960606-114-N16582YY

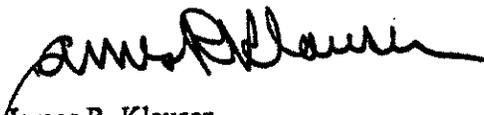
Dear Attorney General Doyle:

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 s. 16.54, Wis. Stats., 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.

A copy of this letter must be transmitted to the federal granting 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, 8th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

Crime Victim Asst. / Discretionary Grants

1 Applicant Agency Wisconsin Department of Justice	2 CFDA # <u>16 - 582</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. Box 7951, Madison, WI 53707 Contact Person _____ Phone _____	5 Federal Agency to Receive Request U.S. Dept. of Justice	
8 Agency Project Title Assistance to Victims of Federal Crime in Indian Country	6 Period of Funding Mo/Day/Year 4/1/96 9/30/97	7 Application Due Date Mo/Day/Year 6/5/96
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed _____ _____ All _____
10 Area of Impact Counties/States Menominee County		

13 Number of Years Previously Funded _____						
14 Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For <u>\$20,000</u>						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)
542	Federal	PR-F	\$ 20,000	0		0
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

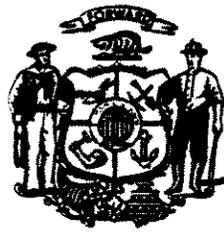
15 Indirect Cost Reimbursement			
<input type="checkbox"/> Yes	Rate _____	Base _____	Amount _____ <input type="checkbox"/> No
16 Authorizations		Authorized Agency Representative (Type or Print) James E. Doyle	Title if other than Agency Secretary Attorney General
<input type="checkbox"/> Delegated Review		Signature <i>James E. Doyle</i>	Date 5/31/96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Mike Heifetz</u>	Phone <u>7-0370</u>	SAI Number <u>WI960606-114-N</u>
Recommendation: <input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Approve With Conditions	<input type="checkbox"/> Deny
Signature <u>Mike Heifetz</u>	Date <u>6-12-96</u>	Date Received <u>6-6-96</u>
		Date Due <u>6/26/96</u>

COMMENTS:

YY
16585



TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

June 17, 1996

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

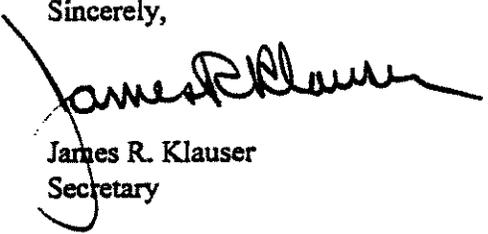
Plant and Animal Disease, Pest Control and
Animal Care (Gypsy Moth Eradication Project
-1996), State Application Identifier Number
WI960522-092-N10025ZZ

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 s. 1654, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Animal Care
Plant + Animal Disease, Pest Control +

1 Applicant Agency <u>Wisconsin Department of Agriculture, Trade & Consumer Protection</u>	2 CFDA # <u>10.025</u>	3 Agency ID (Optional)
4 Address (Street/City/State/Zip) <u>2811 Agriculture Drive Madison, WI 53704-6777</u> Contact Person <u>Noel Favia</u> Phone <u>(608) 224-4592</u>	5 Federal Agency to Receive Request	
6 Period of Funding Mo/Day/Year <u>1/1/96</u>	7 Application Due Date Mo/Day/Year <u>12/31/96</u>	
8 Agency Project Title <u>Gypsy Moth Eradication Project - 1996</u>	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NOU</u> <u>EO</u> All	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	10 Area of Impact Counties/States <u>Southern & South eastern counties</u>	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		

13 Number of Years Previously Funded _____							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$60,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>1G</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 57,346</u>				
<u>4K</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 2,654</u>	<u>(indirect)</u>			
<u>12</u>	<u>State</u>	<u>Seg.</u>	<u>\$ 57,981</u>				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>20.26%</u> Base <u>13,700</u> Amount <u>2654</u> <input type="checkbox"/> No			
16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Elizabeth Kohl</u> Signature <u>E Kohl</u>	Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>4-22-96</u>	

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Russ Promiser</u> Phone <u>67329</u>	SAI Number <u>W-960522-092-1</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>5-22-96</u>
Signature <u>Russ Promiser</u> Date <u>6/7/96</u>	Date Due <u>6-5-96</u>

1002
22

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

June 17, 1996

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

Cooperative Forestry Assistance (Gypsy Moth
Eradication Project-1996), State Application
Identifier Number WI960522-091-N10664ZZ

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 s. 1654, Wis. Stats., 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 letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'James R. Klauser', written over a circular stamp or mark.

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

Revision

1 Applicant Agency <i>Wisconsin Department of Agriculture, Trade and Consumer Protection</i>	2 CFDA # <u>10-664</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 2811 Agriculture Drive Madison, WI 53708 Contact Person (608) Noel Favia Phone 224-4592	5 Federal Agency to Receive Request	
	6 Period of Funding Mo/Day/Year 3/16/96 3/15/97	7 Application Due Date Mo/Day/Year
8 Agency Project Title <i>Gypsy Moth Eradication Project - 1996</i>	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses Notified <u>None</u> Dates <u>EO</u> All	10 Area of Impact Counties/States Northeastern BLRPC and Central NCRPC Counties
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	

13 Number of Years Previously Funded _____							
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>713,607</u> - Revised 6/4/96				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
1G	Federal	PR-F	\$ 680,899				
			\$				
4K	Federal	PR-F	\$ 32,708	Indirect			
			\$				
12	State	Seg	\$ 637,195				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 20.26% Base 161,441 Amount 32,708 No

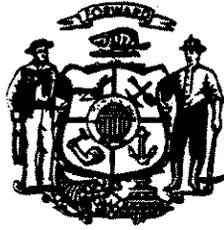
16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Elizabeth Kohl Signature <i>E Kohl</i>	Title if other than Agency Secretary Deputy Secretary Date 5-28-96
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Russ Kasmas</u> Phone <u>6-7329</u>	SAI Number <u>WT 960522-09</u>	1-N 10664 22
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>6-4-96</u>	
Signature <u>Russ Kasmas</u> Date <u>6/7/96</u>	Date Due <u>6-18-96</u>	

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

June 20, 1996

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

State Commission (FY96 Administrative
Grant for the National and Community
Service Board), State Application
Identifier Number WI960618-120-N94003XX

Dear Mr. Robinson:

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'James R. Klauser', written over a circular stamp or mark.

James R. Klauser
Secretary

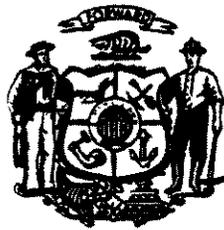
WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

1 Applicant Agency DoA-DCSB		2 CFDA # <u>99.023</u>					
4 Address (Street/City/State/Zip) 101 E Wilson, 6th Floor Madison, WI Contact Person Martha Kerner Phone 6-2125		3 Agency I.D. (Optional) _____					
8 Agency Project Title F496 Administrative Grant		5 Federal Agency to Receive Request Cooperation for Nat'l Service					
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		6 Period of Funding Mo/Day/Year 11/1/95 - 10/31/96					
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		7 Application Due Date Mo/Day/Year 6/14/96					
13 Number of Years Previously Funded 2		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ All					
10 Area of Impact Counties/States _____							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$ <u>290,025</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
GR	Federal	PR-F	\$ 290,025	-	-	4	project
DF	State-Income	GR	\$ 76,630	-	-	-	-
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.0%</u> Base <u>189,432</u> Amount <u>\$11,366</u> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Martha Kerner Signature _____		Title if other than Agency Secretary DEIR - Bureau Director Date 6/13/96			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Pam Henning</u> Phone <u>7-0371</u>		SAI Number <u>WI960618-120-N</u>		Date Received <u>6-18-96</u>		Date Due <u>2/2/96</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Kamela S Henning</u> Date <u>6-18-96</u>		Date Due <u>2/2/96</u>		9400 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

June 21, 1996

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

Wastewater Operator Training-Technical
Assistance, (104(g)(1), State Application
Identifier Number WI960620-129-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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

A handwritten signature in cursive script, appearing to read 'James R. Klauser for', written in dark ink.

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
Form DOA-7020 (R 5-98)
(Formerly FDA 50)

Federal-State Relations Office
101 S. Webster St., 8th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone (608) 267-2125

Wastewater Operator Training (FTA) 1996

1 Applicant Agency Department of Natural Resources			2 CFDA# 86-420		3 Agency I.D. (Optional)																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person: Ed Boebel Phone: 608/266-9252			5 Federal Agency to Receive Request U.S. Environmental Protection Agency			7 Application Due Date Mo/Day/Year 07/01/95																																																																				
8 Agency Project Title 104(g)(1) Outreach Operator Training Program			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <div style="font-size: 1.5em; font-family: cursive; text-align: center;">No WI EO</div>		10 Area of Impact Counties/States Statewide																																																																					
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:	13 Number of Years previously funded: 13 <div style="font-size: 1.5em; font-family: cursive; text-align: center;">6-18-96</div>																																																																							
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																										
Total Federal Funds Applied For <u>\$35,000</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>241</td> <td>Federal</td> <td>PR-F</td> <td>\$28,694</td> <td></td> <td></td> <td>1</td> <td>Perm</td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$6,306</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$9,600</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$2,102</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	241	Federal	PR-F	\$28,694			1	Perm	846	Federal	PR-F	\$6,306					201	State	GPR	\$9,600					801	State	GPR	\$2,102								\$								\$								\$							
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$34,919</u> Amount <u>\$8,408</u> <input type="checkbox"/> No																																																																										
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Francis M. Fennessy Signature <i>Francis M. Fennessy</i>		Title if other than Agency Secretary Administrator - OPA Date <u>June 13, 1996</u>																																																																						
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																										
Reviewing Analyst: <i>Russ Gasmussen</i> Phone: <u>6-7329</u>				SAI Number: <u>WI 960620-129-N66</u>																																																																						
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received: <u>6/20/96</u>																																																																						
Signature: <i>Russ Gasmussen</i> Date: <u>6/21/96</u>				Date Due: <u>7/1/96</u>																																																																						

467
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

June 24, 1996

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

Superfund State Site-Specific Cooperative
Agreements, State Application Identifier
Number WI960606-113-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 s. 16.54, Wis. Stats., 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 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.

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

Sincerely,

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

James R. Klauser
Secretary

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) 267-2126

Cooperative Agreement
Superfund State Site - Specific

1 Applicant Agency Department of Natural Resources				2 CFDA# 66802		3 Agency I.D. (Optional) 713	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Dick Kainicky Phone 608/267-7554				5 Federal Agency to Receive Request U.S. EPA, Region V			
				6 Period of Funding Mo/Day/Year 10/1/96 12/31/96		7 Application Due Date Mo/Day/Year 6/30/96	
8 Agency Project Title Superfund-Site Assessment				9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs WI</i> <i>EO</i>		10 Area of Impact Counties/States State of Wisconsin	
11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		13 Number of Years previously funded: 6 <i>x 6-3-96</i> AE			
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$175,000</u>							
				New Positions		Existing Positions	
Numeric	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
02-241	Fed	PRF	\$150,534			8.0	Perm
02-241	Fed	PRF	\$w/Perm			1.0	Proj
02-846	Indirect	PRF	\$24,466				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$101,604</u> Amount <u>\$24,466</u> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc M. Fennessy Signature <i>Franc M. Fennessy</i>			Title if other than Agency Secretary Administrator Date <i>May 30, 1996</i>		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>Russel Rasmussen</i> Phone <u>6-7329</u>				SAI Number <u>WI 960606-113-N</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <u>6-6-96</u>			
Signature <i>Russel Rasmussen</i> Date <u>6/7/96</u>				Date Due <u>6-20-96</u>			

66802
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

June 24, 1996

Joe Leean, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

Centers for Disease Control and Prevention-
Investigations and Technical Assistance (Behavioral
Risk Factor Survey) State Application Identifier
Number WI960604-102-N93283XX

Dear Secretary Leean:

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

A handwritten signature in cursive script, appearing to read 'James R. Klausner'.

James R. Klausner
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-808-1

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

Federal-State Relations Office
101 S. Webster St., 6th Floor
P.O. Box 7888
Madison, WI 53707-7888
Telephone 608/267-3125

Investigations & Tech. Asst.
Centers for Disease Control & Prevention -

1 Applicant Agency DH & SS/Division of Health	2 CFDA # <u>23.283</u>
4 Address (Street/City/State/Zip) Center for Health Statistics 1 W. Wilson St., Room 172 Madison WI 53701 Eleanor Cautley Phone 267-9545	5 Federal Agency to Receive Request DH&HS/Centers for Disease Control & Prevention
8 Agency Project Title Behavioral Risk Factor Survey	6 Period of Funding Mo/Day/Year 9/1/96 8/31/97
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	7 Application Due Date Mo/Day/Year 5/24/96
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WI EO
13 Number of Years Previously Funded <u>13</u>	10 Area of Impact Counties/States All counties

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

Total Federal Funds Applied For \$134,059

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PR-F	\$ 134,059	.50	Proj.	.50	Proj.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

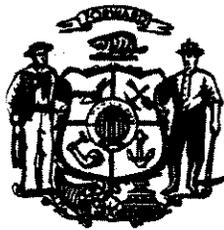
15 Indirect Cost Reimbursement
 Yes Rate 25.6 Base 33,000 Amount \$8,448 No

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print) Richard W. Lorang
 Title if other than Agency Secretary Deputy Secretary
 Signature [Signature] Date 5-22-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Dee Gallowsky Phone 7-9546 SAI Number WI960604-102-N
 Recommendation: Approve Approve With Conditions Deny Date Received 5-4-96
 Signature S. Galonsky Date 6/21/96 Date Due 6-18-96 9328 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

June 25, 1996

Charles H. Thompson, Secretary
Department of Transportation
4802 Sheboygan Avenue, PO Box 7914
Madison, WI 53707-7914

High Speed Ground Transportation (Next Generation
High-Speed Rail Program: Midwest Regional Rail
System Study), State Application Identifier Number
WI960620-132-N20312XX

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 s. 16.54, Wis. Stats., 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. A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,


James R. Klauser
Secretary

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

High Speed Ground Trans. 2013/2

1 Applicant Agency Wisconsin Dept. Of Transportation	2 CFDA # <u>31-2X</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. Box 7913 Madison, WI 53707-7913 Contact Person Randall Wade Phone <u>266-2972</u>	5 Federal Agency to Receive Request Federal Railroad Administration	7 Application Due Date Mo/Day/Year <u>6/30/96</u>
8 Agency Project Title Next Generation High-Speed Rail Program Midwest Regional Rail System Study	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO</u> All	10 Area of Impact Counties/States Wisconsin, Iowa Illinois, Ohio Michigan, Indiana Missouri, Minnesota
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	
13 Number of Years Previously Funded <u>0</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$200,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
481	Federal	SEG-F	\$ 200,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate _____ Base _____ Amount _____ No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Charles H. Thompson <i>for</i> Signature <i>Charles H. Thompson</i>	Title if other than Agency Secretary Date <u>6-20-96</u>
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Doug Percy</u>	Phone <u>6-1039</u>	SAI Number <u>AT960620-132</u>	N20
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date <u>6/24/96</u>	Date Received <u>6-20-96</u>	312
Signature <u>Doug Percy</u>	Date <u>6/24/96</u>	Date Due <u>6-28-96</u>	X X

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

June 27, 1996

Joe Leean, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

Projects for Assistance in Transition from
Homelessness, State Application Identifier
Number WI960626-144-N93150XX

Dear Secretary Leean:

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

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

James R. Klauser
Secretary

1 Applicant Agency WI Dept. of Hlth & Soc. Svcs.		2 CFDA # <u>93 - 150</u>	
4 Address (Street/City/State/Zip) 1 W. Wilson St., Rm. 433 Madison WI 53707 Contact Person Michael Moskoff Phone 608/266-2712		5 Federal Agency to Receive Request Ctr for Mental Hlth Svcs.	
		6 Period of Funding Mo/Day/Year <u>10/1/95 -</u> <u>9/30/96</u>	7 Application Due Date Mo/Day/Year <u>6/14/96</u>
8 Agency Project Title Projects for Assistance in Transition from Homelessness (PATH)		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No</u> <u>all</u> <u>EO</u> All	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>4CR</u>	10 Area of Impact Counties/States <u>Statewide</u>	
13 Number of Years Previously Funded			

14 Funding, Allotment and Position Data (Including Federal indirect costs) Total Federal Funds Applied For <u>\$300,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE) Type		Existing Positions No. (FTE) Type	
641	PRF	FED	\$ 30,210	0	-0	.5	Perm
741	PRF	FED	\$ 269,790				
787	GPR	State	\$ 44,968				
		Local	\$ 44,968				
		In Kind	\$ 10,064				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 5% Base 21,594 Amount 1,080 No

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u>	Title if other than Agency Secretary <u>Deputy Secretary</u>
	Signature <i>Richard W. Lorang</i>	Date <u>6-26-96</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Gretchen Fossano Phone 6-22-88 SAI Number WI 960626-144 N9E

Recommendation: Approve Approve With Conditions Deny Date Received 6-26-96 156

Signature Gretchen A. Fossano Date 6/26/96 Date Due 7-10-96 X7

COMMENTS: