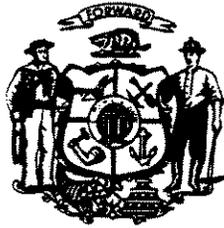


STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin



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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY

July 30, 1996

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

Public Water System Supervision FY7  
State Application Identifier Number  
WI960719-163-N66432XX

Dear Mr. Bazzell:

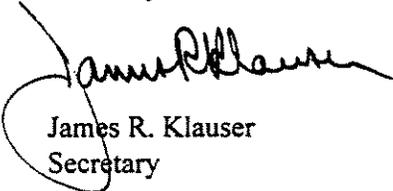
The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The 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,

  
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

<b>1</b> Applicant Agency Department of Natural Resources		<b>2</b> CFDA# 66-432	<b>3</b> Agency I.D. (Optional) <b>731</b>																																																																				
<b>4</b> Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person James McLimans - WS/2      Phone (608)266-2726		<b>5</b> Federal Agency to Receive Request U. S. EPA Region V																																																																					
<b>6</b> Period of Funding Mo/Day/Year 10/1/96 9/30/97		<b>7</b> Application Due Date Mo/Day/Year 8/1/96																																																																					
<b>8</b> Agency Project Title FY 97 Public Water System Supervision Program		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Clearinghouses: Notified      Dates <i>Needs WI</i> <i>EO</i>																																																																					
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		<b>10</b> Area of Impact Counties/States Statewide																																																																					
<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:		<b>13</b> Number of Years previously funded: 20 X All: <i>07/17/96</i>																																																																					
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$3,095,300</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>\$2,545,598</td> <td></td> <td></td> <td>34,532</td> <td>Perm</td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$1,711,342</td> <td></td> <td></td> <td>32,068</td> <td>Perm</td> </tr> <tr> <td>846</td> <td>Federal</td> <td>Indirect</td> <td>\$549,702</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$369,550</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <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	\$2,545,598			34,532	Perm	201	State	GPR	\$1,711,342			32,068	Perm	846	Federal	Indirect	\$549,702					801	State	GPR	\$369,550								\$								\$								\$				
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			\$																																																																				
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes    Rate 24.08%    Base \$3,817,490    Amount \$919,252 <input type="checkbox"/> No																																																																							
<b>16</b> 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 - Administration & Technology Date: <i>July 17, 1996</i>																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																							
Reviewing Analyst <i>Russ Rasmussen</i> SAI Number _____    Phone <i>6-7329</i>		WI <i>960719-163-N66</i>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>7-19-96</i>																																																																					
Signature: <i>Russ Rasmussen</i> Date: <i>7/26/96</i>		Date Due: <i>7-30-96</i>																																																																					

432XX

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

July 30, 1996

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

Foreign Languages Assistance (Bringing New Languages  
to Younger Students: WI's Professional Development of  
Language Teachers), State Application Identifier Number  
WI960716-161-N84293XX

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".

James R. Klauser  
Secretary

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE**

Department of Administration  
DOA-7020(R12/92)

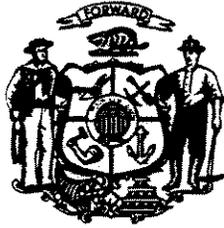
Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

*Foreign Languages Assistance*

<b>1</b> Applicant Agency WI Dept of Public Instruction		<b>2</b> CFDA # <u>84 • 293c</u>																																																																	
<b>4</b> Address (Street/City/State/Zip) 125 South Webster St., PO Box 7841 Madison WI 53707-7841 Contact Person Paul Sandrock Phone 266-3079		<b>5</b> Federal Agency to Receive Request US Dept of Education																																																																	
<b>8</b> Agency Project Title Bringing New Languages to Younger Students: WI's Professional Development of Language Teachers		<b>6</b> Period of Funding Mo/Day/Year 10/1/96 9/30/97	<b>7</b> Application Due Date Mo/Day/Year 6/24/96																																																																
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>NR WF EO</i>																																																																	
<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		<b>10</b> Area of Impact Counties/States State of Wisconsin																																																																	
<b>13</b> Number of Years Previously Funded _____																																																																			
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>70,428</u>																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Numeric Appropriation</th> <th>Source</th> <th>Revenue Type</th> <th>Amount</th> <th>New Positions No. (FTE)</th> <th>Type</th> <th>Existing Positions No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>141</td> <td>Federal</td> <td>Dept of Education Grant</td> <td>\$ 70,428</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>In-kind (See pp. 28-29)</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	141	Federal	Dept of Education Grant	\$ 70,428							In-kind (See pp. 28-29)	\$								\$								\$								\$								\$								\$				
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			\$																																																																
			\$																																																																
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.0%</u> Base <u>\$57,008</u> Amount <u>\$3,420</u> <input type="checkbox"/> No																																																																			
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) John T. Benson Signature <i>John T. Benson</i> Date 6/20/96 Title if other than Agency Secretary State Superintendent																																																																	
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>																																																																			
Reviewing Analyst <u>Brian Pahnke</u> Phone <u>4-8259</u>		SAI Number <u>WI960716-161-N</u>																																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>7-16-96</u>																																																																	
Signature <u>Brian Pahnke</u> Date <u>7/29/96</u>		Date Due <u>7-30-96</u>																																																																	

8429  
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

July 30, 1996

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

State Underground Injection Control FY97  
(Amendment), State Application Identifier  
Number WI960614-118-N66433XX

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 black ink, 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) 267-2125

*Final Pollution*  
*State Underground Water Source*

1 Applicant Agency Department of Natural Resources				2 CFDA# 66-433		3 Agency I.D. (Optional) 715																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person Robert M. Krill Phone 608-267-7651 <i>SM Miller - 6-5338</i>				5 Federal Agency to Receive Request U.S. Environmental Protection Agency				7 Application Due Date Mo/Day/Year 08/01/96																																																																			
6 Period of Funding Mo/Day/Year 10/01/96 09/30/97				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 Statewide																																																																					
8 Agency Project Title FY97 State Underground Injection Control (UIC) Program Grant				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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:																																																																					
13 Number of Years previously funded: 14				X ) All																																																																							
14 Funding, Allotment and Position Data (including Federal indirect costs) <i>Increased Request</i> Total Federal Funds Applied For \$128,620																																																																											
<table border="1"> <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>\$114,463</td> <td>--</td> <td>--</td> <td>1</td> <td>Perm</td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$23,048</td> <td>--</td> <td>--</td> <td>.25</td> <td>Perm</td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$14,157</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$4,719</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td>UWSP</td> <td></td> <td>\$19,160</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	\$114,463	--	--	1	Perm	201	State	GPR	\$23,048	--	--	.25	Perm	846	Federal	PR-F	\$14,157					801	State	GPR	\$4,719					Other	UWSP		\$19,160								\$								\$				
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			\$																																																																								
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 24.08% Base \$78,391 Amount \$18,876 <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 - OPA Date <i>July 5, 1996</i> <i>Provision of</i>																																																																						
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																											
Reviewing Analyst <i>Russ Rasmussen</i> Phone <i>6-7329</i>				SAI Number <i>609160614-118-N66</i>																																																																							
Recommendation <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <i>7-18-96</i>																																																																							
Signature <i>Russ Rasmussen</i> Date <i>7/26/96</i>				Date Due <i>7-30-96</i>																																																																							

*4334*

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

July 31, 1996

Joe Lekan, Secretary  
Department of Health and Family Services  
PO Box 7850  
Madison, WI 53707-7850

Wisconsin Self-Determination Learning  
Project, State Application Identifier Number  
WI960731-178-N00000XX

Dear Secretary Lekan:

The Wisconsin Department of Administration has reviewed the above noted application for funding assistance. At the direction of the Governor of the State of Wisconsin, the Department supports the application for submission to the 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 action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

A handwritten signature in cursive script, appearing to read 'James R. Klauser', written over a large, stylized flourish.

James R. Klauser  
Secretary

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM**

Department of Administration  
Form DQA-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 <b>Department of Health &amp; Family Services</b>		2 CFDA # <u>NA</u>	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) <b>One West Wilson Street, PO Box 7851 Madison WI 53707</b>		5 Federal Agency to Receive Request <b>Robert Wood Johnson Foundation</b>					
Contact Person <b>Dennis Harkins</b> Phone <b>266-9329</b>		6 Period of Funding Mo/Day/Year <b>1/1/97</b> to <b>12/31/99</b>	7 Application Due Date Mo/Day/Year <b>7/31/96</b>				
8 Agency Project Title <b>Wisconsin Self-Determination Learning Project</b>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates	10 Area of Impact Counties/States <b>statewide &amp; Dane LaCrosse Winnebago</b>				
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>\$439,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>6334 735</u>	RWJ	PR-0	\$ 436,000	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate _____ Base _____ Amount <u>\$12,000</u> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <b>Richard W. Lorang</b> Signature <i>[Signature]</i>	Title if other than Agency Secretary <b>Deputy Secretary</b> Date <b>7-31-96</b>				
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>							
Reviewing Analyst <u>Erin Foss</u>		SAI Number <u>4960731-178-N</u>					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>7-21-96</u>					
Signature <u>[Signature]</u> Date <u>7/31/96</u>		Date Due <u>7-31-96</u>					
COMMENTS:							

000  
00X

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DCA-7020(R12/92)

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

*Demonstrations + Evaluations*  
*Health Care Financing Research*

1 Applicant Agency DEPT OF HEALTH AND FAMILY SERVICES		2 CFDA # <u>93 • 779</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) PO BOX 7850 MADISON WI 53707 Contact Person GLENN SILVERBERG Phone <sup>(608)</sup> 267-3201		5 Federal Agency to Receive Request DHSS HEALTH CARE FINANCING ADMIN		7 Application Due Date Mo/Day/Year 6/27/96	
8 Agency Project Title HEALTH INSURANCE INFORMATION, COUNSELING AND ASSISTANCE		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EO</i>		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 <u>4</u>	

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

Total Federal Funds Applied For \$187,260

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
758	PRF	FED	\$183,260				
658	PRF	FED	\$ 4,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print) RICHARD LORANG	Title if other than Agency Secretary DEPUTY SECRETARY
Signature <i>Richard Lorang</i>	Date 6-26-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Jeff Deuster* Phone 7-7980 SAI Number WI960708-147-N93

Recommendation:  Approve  Approve With Conditions  Deny Date Received 7-8-96 *179X*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due Del.

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

*Demom. Projects*  
*Mental Health Planning &*

1 Applicant Agency Dept. of Health & Family Services		2 CFDA # <u>93.125</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 1 W. Wilson St., P.O. Box 7851 Madison WI 53707-7851 Contact Person (608) Chris Hendrickson Phone 267-9282		5 Federal Agency to Receive Request			
8 Agency Project Title Wisconsin's Service System Improvement for Consumer & Family Networks		6 Period of Funding Mo/Day/Year 9/1/96 8/31/97		7 Application Due Date Mo/Day/Year 7/1/96	
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 type="checkbox"/> Formula <input 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 Ed</u> _____ _____ _____ All	
13 Number of Years Previously Funded _____		10 Area of Impact Counties/States Statewide			

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

Total Federal Funds Applied For 62,700

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<u>641</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 1,500</u>				
<u>741</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 61,200</u>				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations  
 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 Lorang</i>	Date <u>2-1-86</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Dwight Fossard Phone 6-22-86 SAI Number WI 960910-1517 **93**

Recommendation:  Approve  Approve With Conditions  Deny Date Received 2-10-86 **125**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due Del **XX**

COMMENTS:

# 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

Activities  
Child Abuse & Neglect Discretionary

<b>1</b> Applicant Agency Dept. of Health & Family Services	<b>2</b>	CFDA # <u>93 • 670</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 1 W. Wilson St., P.O. Box 7851 Madison, WI 53707 Contact Person Linda Hisgen Phone 608-266-6799	<b>5</b>	Federal Agency to Receive Request Dept. of Health & Human Services	<b>7</b>
	<b>6</b>	Period of Funding Mo/Day/Year <u>10/1/96</u> <u>9/30/97</u>	<b>7</b>
		Application Due Date Mo/Day/Year 7/15/96	
<b>8</b> Agency Project Title  (Baby Doe Project)	<b>9</b>	Executive Order 12372 Review Required  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Clearinghouses: Notified    Dates  <u>No W I E O</u>  All	<b>10</b>
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b>	Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	Area of Impact Counties/States statewide
<b>13</b> Number of Years Previously Funded <u>more than 5</u>			

**14** Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For \$56,727

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
641	federal	PR-F	\$ 56,727				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

**16** Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date 7-12-96
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Dorchen Fossun    Phone \_\_\_\_\_    SAI Number WI 960712-158-N9  
 Recommendation:     Approve     Approve With Conditions     Deny    Date Received 7-12-96  
 Signature \_\_\_\_\_    Date \_\_\_\_\_    Date Due Rel

COMMENTS:

670  
XX

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

<b>1 Applicant Agency</b> Dept. of Health & Family Services	<b>2</b> CFDA # <u>93.628</u>	<b>3 Agency I.D. (Optional)</b>
<b>4 Address (Street/City/State/Zip)</b> 1 W. Wilson St., P.O. Box 7851 Madison, WI 53707 Contact Person Linda Hisgen Phone 608-266-6799	<b>5 Federal Agency to Receive Request</b> Dept. of Health & Human Services	
	<b>6 Period of Funding Mo/Day/Year</b> <u>10/1/96</u> <u>9/30/97</u>	<b>7 Application Due Date Mo/Day/Year</b> <u>7/15/96</u>
<b>8 Agency Project Title</b> Strengthening Child Protective Services	<b>9 Executive Order 12372 Review Required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ All	
<b>11 Type of Application</b> <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12 Type of Assistance</b> Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	<b>10 Area of Impact Counties/States</b> statewide

**13 Number of Years Previously Funded** more than 5

**14 Funding, Allotment and Position Data (Including Federal indirect costs)**  
Total Federal Funds Applied For \$344,950

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
641	federal	PR-F	\$ 344,950			1	perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15 Indirect Cost Reimbursement**  
 Yes Rate 5.0% Base \$38,883 Amount \$1,944  No

**16 Authorizations**  
 Delegated Review  
 Authorized Agency Representative (Type or Print) Richard W. Lorang  
 Title if other than Agency Secretary Deputy Secretary  
 Signature *Richard W. Lorang* Date 7-12-96

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst *Walter Fossum* Phone \_\_\_\_\_ SAI Number *WI 960712-157-N*

Recommendation:  Approve  Approve With Conditions  Deny  
 Date Received *7-12-96* *9362*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due *8-5-96* *XX*

COMMENTS:

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE**

H-821-1

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

*Emergency Medical Services for Children*

1 Applicant Agency Department of Health and Family Services	2 CFDA # <u>93 • 127</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 East Washington Avenue Room 167 Madison, WI 53703-3044 Contact Person Susan Uttech Phone (608) 267-3561	5 Federal Agency to Receive Request Maternal and Child Health Bureau (MCHB)	
	6 Period of Funding Mo/Day/Year <u>10/1/96</u> <u>9/30/97</u>	7 Application Due Date Mo/Day/Year <u>5/25/96</u> Non-competing continuation project
8 Agency Project Title EMSC for Children: State System Enhancement Grant	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO WI</u> <u>EO</u> All	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 <u>1</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$ 100,000.</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
150	Federal	PR-F	\$ 100,000	0	---	0	---
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date <u>7-12-96</u>
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**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <i>Aue Jablonsky</i> Phone <u>7-9586</u>	SAI Number <u>WI 960725-165-N</u>
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>7-25-96</u> <span style="float:right">9312'</span>
Signature _____ Date _____	Date Due <u>4 Dec</u> <span style="float:right">XX</span>

COMMENTS:

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

H-821-1

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

*Emergency Medical Services for Children*

1 Applicant Agency Department of Health and Family Services		2 CFDA # <u>93.127</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 East Washington Avenue Room 167 Madison, WI 53703-3044 Contact Person Susan Uttech Phone (608) 267-3561		5 Federal Agency to Receive Request Maternal and Child Health Bureau (MCHB)	
		6 Period of Funding Mo/Day/Year <u>10/1/96</u> <u>9/30/97</u>	7 Application Due Date Mo/Day/Year <u>5/25/96</u> Non-competing continuation project
8 Agency Project Title EMSC for Children: State System Enhancement Grant		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>WI</u> <u>DC</u> <u>EO</u> All	
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 <u>1</u>			

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For \$ 100,000.

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
150	Federal	PR-F	\$ 100,000	0	---	0	---
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard W. Lorang</i>	Date <u>7-12-96</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Jablonsky Phone 7-9588 SAI Number WT960725-165-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received 7-25-96 9312'

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due 7/25/96 xx

COMMENTS:

## 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 Department of Workforce Development	2	CFDA # 1 7 . 2 0 7	3	Agency I.D. (Optional)	
4	Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Debbie Benish Phone 266-5747	5	Federal Agency to Receive Request U. S. Dept. of Labor			
6	Agency Project Title	8	Period of Funding Mo/Day/Year 07/01/96 06/30/97	7	Application Due Date Mo/Day/Year 07/29/96	
8	State/Local Planning Information (LMI)	9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates		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	More than 5 Yrs		All		
14	Funding, Allotment and Position Data (including Federal indirect costs)					
		Total Federal Funds Applied For		\$128,790		
		Numeric		New Positions		Existing Positions
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE) Type
E1 (151)	Federal	PR-F	\$ 128,493			1.70 Perm
E3 (153)	Federal	PR-F	\$ 297			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
15	Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .50% Base \$59,343 Amount \$297 <input type="checkbox"/> No					
16	Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Debbie Benish Signature		Title if other than Agency Secretary Budget Analyst Date		
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>						
Reviewing Analyst		Signature <u>Orlando Carr</u>		SAI Number <u>WI960729-173-N</u>		
Recommendation:		<input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>7-29-96</u>		
Signature		Date		Date Due <u>9/2</u>		
COMMENTS:						

17  
20  
X

# 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

Employment Service

1 Applicant Agency Department of Workforce Development		2 CFDA # 17.207	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Debbie Benish Phone 266-5747		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 07/29/96				
8 Agency Project Title <u>One-Stop Labor Market Information Grant</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI EO</u>					
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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input type="checkbox"/> Other					
13 Number of Years Previously Funded Two Years		All					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$211,899							
Numeric							
Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
E1 (151)	Federal	PR-F	\$ 211,497			2.20	Perm
E3 (153)	Federal	PR-F	\$ 402				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .50% Base \$80,626 Amount \$402 <input type="checkbox"/> No							
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Debbie Benish Signature					
		Title if other than Agency Secretary Budget Analyst Date					

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Orlando Canto Phone 6-1103 SAI Number WI 96029-112-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 9-29-96  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due Dec 17

COMMENTS: \_\_\_\_\_

207  
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., 8th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

Unemployment Insurance

<b>1 Applicant Agency</b> Dept. of Workforce Development	<b>2 CFDA #</b> 1 7 . 2 2 5	<b>3 Agency I.D. (Optional)</b> SBR 4-96
<b>4 Address (Street/City/State/Zip)</b> 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Bill Weber Phone 266-8220	<b>5 Federal Agency to Receive Request</b> U. S. Dept. of Labor	
	<b>6 Period of Funding Mo/Day/Year</b> 9/23/96 9/29/97	<b>7 Application Due Date Mo/Day/Year</b> 7/23/96
	<b>8 Agency Project Title</b> FY96 UI Telephone Claims Implementation	
<b>9 Executive Order 12372 Review Required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified      Dates		<b>10 Area of Impact</b> Counties/States  Statewide
<b>11 Type of Application</b> <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12 Type of Assistance</b> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	No Fed. EO
<b>13 Number of Years Previously Funded</b> None		All

<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b> Total Federal Funds Applied For <u>\$607,695</u>							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
151	Federal	PR-F	\$ 607,695				

<b>15 Indirect Cost Reimbursement</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16 Authorizations</b>  <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Bill Weber Signature: <i>Bill Weber</i>	Title if other than Agency Secretary Budget Analyst Date: 7/28/96	Base      Amount

FOR DEPARTMENT OF ADMINISTRATION USE ONLY			
Reviewing Analyst: <i>Orlando Canto</i> Phone: <i>6-1103</i>	SAI Number: <i>WI960729-171-</i>	Date Received: <i>7-29-96</i>	Date Due: <i>9-96</i>
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			
Signature: _____ Date: _____			
COMMENTS: _____			

17  
22  
X?

# Discretionary Grants

Federal-State Relations Office  
 101 E. Wilson Street, 6th Floor  
 P.O. Box 7888  
 Madison, WI 53707-7888  
 Telephone 608/267-2125

## Refugee & Entrant Assistance -

<b>1 Applicant Agency</b> Wisconsin Department of Workforce Development	<b>2</b> CFDA # <u>93.576</u>	<b>3 Agency I.D. (Optional)</b>
<b>4 Address (Street/City/State/Zip)</b> 201 East Washington Ave., P.O. Box 7946 Madison WI 53707-7946 <b>Contact Person</b> Susan G. Levy Phone 266-0578	<b>5 Federal Agency to Receive Request</b> Department of Health & Human Services	
	<b>6 Period of Funding Mo/Day/Year</b> 09/30/95 09/29/98	<b>7 Application Due Date Mo/Day/Year</b> 07/15/96
<b>8 Agency Project Title</b> Microenterprise Development (Purpose 3)	<b>9 Executive Order 12372 Review Required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>None</u> <u>ED</u> All	
<b>11 Type of Application</b> <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	<b>12 Type of Assistance</b> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>10 Area of Impact Counties/States</b> Statewide
<b>13 Number of Years Previously Funded</b> _____		

<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b> Total Federal Funds Applied For <u>\$225,000 - 2nd year</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
333	Federal	PR-F	\$ 225,000				
348			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

<b>16 Authorizations</b> Not on Del List <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Dan Ryan Signature 	Title if other than Agency Secretary Budget Analyst Date July 15, 1995
---	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Jennifer Seim

Reviewing Analyst: Jennifer Seim Phone 61103 SAI Number WF960130-176

Recommendation:  Approve  Approve With Conditions  Deny

Signature: Jennifer Seim Date: 8/7/96 Date Received: 7-30-96 Date Due: 8-13-96

N<sup>c</sup>  
51

# 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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Applicant Agency Dept. of Workforce Development</td> <td style="width: 50%; padding: 2px;">2 CFDA # 1 7 . 2 2 5</td> </tr> <tr> <td colspan="2" style="padding: 2px;">4 Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Bill Weber Phone 266-8220</td> </tr> <tr> <td style="padding: 2px;">8 Agency Project Title <i>(UI GRANTS) Unemployment Insurance</i></td> <td style="padding: 2px;">9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed. EO</i></td> </tr> <tr> <td style="padding: 2px;">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</td> <td style="padding: 2px;">12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other</td> </tr> <tr> <td style="padding: 2px;">13 Number of Years Previously Funded 60</td> <td style="padding: 2px;">All</td> </tr> </table>	1 Applicant Agency Dept. of Workforce Development	2 CFDA # 1 7 . 2 2 5	4 Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Bill Weber Phone 266-8220		8 Agency Project Title <i>(UI GRANTS) Unemployment Insurance</i>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed. EO</i>	11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other	13 Number of Years Previously Funded 60	All	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">3 Agency ID (Optional) FY97 PBF</td> </tr> <tr> <td colspan="2" style="padding: 2px;">5 Federal Agency to Receive Request U. S. Dept. of Labor</td> </tr> <tr> <td style="padding: 2px;">6 Period of Funding Mo/Day/Year 10/1/96 9/30/97</td> <td style="padding: 2px;">7 Application Due Date Mo/Day/Year 7/29/96</td> </tr> <tr> <td colspan="2" style="padding: 2px;">10 Area of Impact Counties/Stages Statewide</td> </tr> </table>	3 Agency ID (Optional) FY97 PBF		5 Federal Agency to Receive Request U. S. Dept. of Labor		6 Period of Funding Mo/Day/Year 10/1/96 9/30/97	7 Application Due Date Mo/Day/Year 7/29/96	10 Area of Impact Counties/Stages Statewide																																																															
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .0075 Base \$16,929,115 Amount \$126,968 <input type="checkbox"/> No																																																																																	
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COMMENTS:																																																																																	

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17  
225  
X

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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY



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

August 5, 1996

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

Children's Justice Act State Grant,  
State Application Identifier Number  
WI960731-179-N00000XX

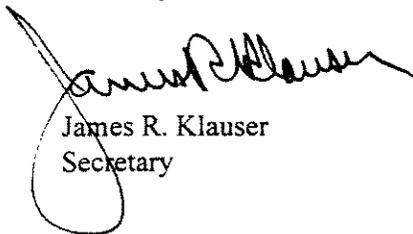
Dear Attorney General Doyle:

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, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

<b>1</b> Applicant Agency Department of Justice		<b>2</b> CFDA # _____		<b>3</b> Agency LDC (Optional)	
<b>4</b> Address (Street/City/State/Zip) 123 West Washington Avenue Madison, Wisconsin 53702  Contact Person (608) Sandy Nowack Phone 266-7477		<b>5</b> Federal Agency to Receive Request Department of Health & Human Services		<b>6</b> Period of Funding Mo/Day/Year 10/1/96 to 9/30/98	
<b>7</b> Application Due Date Mo/Day/Year		<b>8</b> Agency Project Title Children's Justice Act State Grant		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ _____ All	
<b>10</b> Area of Impact Counties/States Statewide		<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	
<b>13</b> Number of Years Previously Funded 4		<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$180,585			
Numeric Appropriation		Source		Revenue Type	
Amount		New Positions No. (FTE)		Existing Positions No. (FTE)	
Type		Type		Type	
141	Fed	PR-F	\$ 161,493	0.5	Project
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 17% Base \$65,300 Amount \$11,100 <input type="checkbox"/> No					
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) James E. Doyle  Signature <i>James E. Doyle</i>		Title if other than Agency Secretary Attorney General  Date July 18, 1996	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <u>Mike Heitets</u> Phone <u>7-0370</u>		SAI Number <u>WI 960731-179-N</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>7-21-96</u>		Date Due <u>8-14-96</u>	
Signature <u><i>Mike Heitets</i></u> Date <u>8-1-96</u>		000 00 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

August 8, 1996

Francis Fennessy, Administrator  
Division of Administration and Technology  
Department of Natural Resources  
101 S. Webster Street, 5th Floor  
Madison, WI 53702

Water Pollution Control (Importance of Riverine  
Mercury Inputs to Nearshore Biota of the Great  
Lakes), State Application Identifier Number  
WI960729-168-N66505XX

Dear Mr. Fennessy:

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

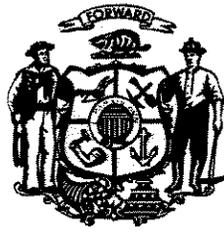
Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone (608) 267-2125

*Water Pollution Control*

1 Applicant Agency Department of Natural Resources			2 CFDA# 66.505		3 Agency I.D. (Optional) <b>736</b>	
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 09-01-96 09-30-98		7 Application Due Date Mo/Day/Year 07-22-96	
8 Agency Project Title Importance of Riverine Mercury Inputs to Nearshore Biota of the Great Lakes			9 Executive Order 12312 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10 Area of Impact Counties/States  Statewide	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		Clearinghouses: Notified Dates <b>NO W I E O</b>		
13 Number of Years previously funded: 0			All <b>07/22/96</b>			
14 Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For <b>\$165,000</b>						
Numeric	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
181	Federal	PR-F	\$163,400			
846	Federal	PR-F	\$1,600			
101	State	GPR	\$8,600			
801	State	GPR	\$85			
			\$			
			\$			
			\$			
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <b>24.08%</b> Base <b>\$7,000</b> Amount <b>\$1,685</b> <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 <b>July 17, 1996</b>		
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>						
Reviewing Analyst <i>Russel Rasmussen</i> Phone <b>6-7329</b>		SAI Number <b>DI960729-168-N66</b>				
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Russel Rasmussen</i> Date <b>8/6/96</b>		Date Received <b>7-29-96</b> Date Due <b>8-12-96</b>		

505xx

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

August 8, 1996

Francis Fennessy, Administrator  
Division of Administration and Technology  
Department of Natural Resources  
101 S. Webster Street, 5th Floor  
Madison, WI 53702

Wisconsin Pollution Prevention,  
State Application Identifier Number  
WI960731-181-N66708XX

Dear Mr. Fennessy:

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

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

<b>1</b> Applicant Agency Department of Natural Resources		<b>2</b> CFDA# 66,900		<b>3</b> Agency I.D. (Optional) 735																																																																					
<b>4</b> Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person Tom Eggert Phone 608/267-9700			<b>5</b> Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																						
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<b>8</b> Agency Project Title Wisconsin Pollution Prevention on the WEB Application			<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WFE		<b>10</b> Area of Impact Counties/States Statewide																																																																				
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			\$																																																																						
			\$																																																																						
			\$																																																																						
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 24.08% Base \$56,412 Amount \$13,584 <input type="checkbox"/> No																																																																									
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Francis M. Fennessy  Signature 		Title if other than Agency Secretary Administrator - DPA Division of AT  Date July 23, 1996																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																									
Reviewing Analyst: Russ Rasmussen Phone 6-17329 SAI Number WI960731-18-N66																																																																									
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received 7-31-96																																																																						
Signature: Russ Rasmussen			Date 8/6/96 Date Due 8-1-96																																																																						

708X7

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

August 8, 1996

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

Capital Assistance Program for Elderly and  
Disabled Persons, State Application Identifier  
Number WI960716-160-N20513XX

Dear Secretary Thompson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to 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,

  
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

<b>1</b> Applicant Agency Wisconsin Department of Transportation		<b>2</b> CFDA # <u>20 • 513</u>	<b>3</b> Agency I.D. (Optional)				
<b>4</b> Address (Street/City/State/Zip) 4802 Sheboygan Ave., P.O. Box 7913 Madison, WI 53707-7913 Contact Person <u>Beth Trautsch</u> Phone <u>266-0560</u>		<b>5</b> Federal Agency to Receive Request					
		<b>6</b> Period of Funding Mo/Day/Year <u>7/1/96</u> <u>6/30/97</u>	<b>7</b> Application Due Date Mo/Day/Year <u>8/1/96</u>				
<b>8</b> Agency Project Title <u>Section 5310 Elderly and Disabled Capital Grant Program for</u>		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Needs CTT</u> <u>EU</u> <input checked="" type="checkbox"/> All					
<b>10</b> Area of Impact Counties/States <u>Wisconsin</u>							
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____						
<b>13</b> Number of Years Previously Funded <u>20</u>							
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,003,285</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
20.395(01)(cx)	fed	SEG	\$1,003,285			1.0	Perm
20.395(02)(mq)	state	SEG	\$ 22,802				
20.395(01)(cv)	Local		\$ 228,020				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
<b>15</b> Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No							
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>James VanSistine</u> Signature <u>[Signature]</u>		Title if other than Agency Secretary <u>Administrator</u> Date <u>7-8-96</u>			
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>							
Reviewing Analyst <u>Doug Percy</u> Phone <u>6-1039</u>		SAI Number <u>WI960716-160-N2L</u>		Date Received <u>7-16-96</u> <u>513x</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Doug Percy</u> Date <u>7/16/96</u>		Date Due <u>7-30-96</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

August 12, 1996

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

Clean Cities Regional Workshop,  
State Application Identifier Number  
WI960812-190-N81111XX

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.

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

Sincerely,

  
James R. Klauser  
Secretary

501R about

**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

*Alternative Fuel Transportation Program*

<b>1</b> Applicant Agency Wisconsin Department of Administration		<b>2</b> CFDA # <u>81.111</u>		<b>3</b> Agency ID (Optional)	
<b>4</b> Address (Street/City/State/Zip) 101 East Wilson Street, Box 7868 Madison, WI 53707-7868 Contact Person Jim O'Neal Phone (608) 266-8971		<b>5</b> Federal Agency to Receive Request U. S. Dept. of Energy		<b>7</b> Application Due Date Mo/Day/Year 8/23/96	
<b>8</b> Agency Project Title (Clean Cities Regional Workshop)		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates		<b>10</b> Area of Impact Counties/States Region V of the DOE Clean Cities Program (includes WI)	
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____			
<b>13</b> Number of Years Previously Funded _____					

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

Total Federal Funds Applied For \$20,000.00

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
ER7200	Federal	PR-F	\$ 20,000.00				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

**16** Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Nathaniel E. Robinson	Title if other than Agency Secretary Administrator, Division of Energy Intergovernmental Relations
	Signature <i>N. Robinson</i>	Date 08/12/96

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Don Cawcutt/Pam Hennings Phone 266-0777 SAI Number W1960812-190-N81111 X

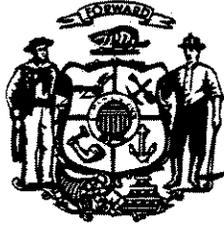
Recommendation:  Approve  Approve With Conditions  Deny

Signature *[Signature]* Date 8/13/96 Date Received 8/12/96 Date Due 8/19/96

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

August 15, 1996

Michael J. Sullivan, Secretary  
Department of Corrections  
149 E. Wilson Street  
PO Box 7925  
Madison, WI 53707-7925

Violent Offender Incarceration and  
Truth in Sentencing Incentive Grants,  
State Application Identifier Number  
WI960813-192-N16586XX

Dear Secretary Sullivan:

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**

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

*RUSH*

<b>1</b> Applicant Agency <b>DEPARTMENT OF CORRECTIONS</b>		<b>2</b> CFDA # <u>16 • 586</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) <b>149 E WILSON ST MADISON WI 53707-7925</b> Contact Person <b>RICHARD CHRISTOFFERSON</b> Phone <b>266-8397</b>		<b>5</b> Federal Agency to Receive Request <b>JUSTICE/OFFICE OF JUSTICE PROGRAMS</b>	
		<b>6</b> Period of Funding Mo/Day/Year <u>8/15/96</u> <u>9/30/96</u>	<b>7</b> Application Due Date Mo/Day/Year <b>8/15/96</b>
<b>8</b> Agency Project Title <b><u>Violent Offender Incarceration</u></b>		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI EO</u> All	
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		
<b>13</b> Number of Years Previously Funded <u>0</u>		<b>10</b> Area of Impact Counties/States <b>Statewide</b>	

**14** Funding, Allotment and Position Data (including Federal indirect costs) **Termed "discretionary," but:**  
Total Federal Funds Applied For Funds will be awarded based on ratios involving applicant states.

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<u>141</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ Unk.</u>	<u>0.0</u>		<u>0.0</u>	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

**16** Authorizations  Delegated Review

Authorized Agency Representative (Type or Print) <b>Ave M. Bie</b>	Title if other than Agency Secretary <b>Deputy Seretary</b>
Signature <i>Ave M Bie</i>	Date <u>Aug. 13, 1996</u>

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Roger Fetterly Phone 6-2213 SAI Number WI 960813-192-N1

Recommendation:  Approve  Approve With Conditions  Deny Date Received 8-13-96

Signature Roger Fetterly Date August 15, 1996 Date Due 8-15-96

COMMENTS:  
See attached sheet

Comments Continued on Reverse or on a Separate Sheet

581  
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

August 19, 1996

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

Final Consolidated State Plan--Improving  
America's Schools Act of 1994, State Application  
Identifier Number WI960808-186-N00000XX

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 to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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

The Department of Administration, however, did not receive this application until August, the deadline for this application was May 15, 1996. It is my hope that in the future, the Department of Public Instruction will submit materials in a timely fashion to ensure that we do not jeopardize federal funding.

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

# 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

NOTE: PROJECT APPROVAL IS THROUGH 1998-99 SCHOOL YEAR  
WITH ANNUAL APPROPRIATIONS

<b>1</b> Applicant Agency Wisconsin Dept. of Public Instruction		<b>2</b> See attached table CFDA # _____		<b>3</b> Agency I.D. (Optional)	
<b>4</b> Address (Street/City/State/Zip) 125 S. Webster Street Madison WI 53707-7841 Contact Person William J. Erpenbach Phone 267-1072		<b>5</b> Federal Agency to Receive Request U.S. Department of Education			
<b>8</b> Agency Project Title Final Consolidated State Plan -- Improving America's Schools Act of 1994		<b>6</b> Period of Funding Mo/Day/Year 07/01/96 09/30/97		<b>7</b> Application Due Date Mo/Day/Year 05/15/96	
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ All	
<b>10</b> Area of Impact Counties/States  Statewide		<b>13</b> Number of Years Previously Funded <u>Varies--up to 30 years</u>			
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$141,325,590.00					
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE) Type	Existing Positions No. (FTE) Type
SEE ATTACHED TABLE			\$ →		See attached
			\$		Account Code
			\$		Listing of DPI
			\$		Employees
141	FED	PR-F	\$		217
140	FED	PR-F	\$		1233
			\$		
			\$		
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>5.9%</u> Base _____ Amount _____ <input type="checkbox"/> No					
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) John T. Benson Signature <i>John T. Benson</i>		Title if other than Agency Secretary State Superintendent Date August 1, 1996	
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>					
Reviewing Analyst <u>Brian Pahnke</u> Phone <u>4-8259</u>		SAI Number <u>WI 960808-186-N</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>8-8-96</u>		000	
Signature <u>Brian Pahnke</u>		Date <u>8/16/96</u>		Date Due <u>8-22-96</u>	

x >

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

August 19, 1996

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

Public Charter Schools (WI Program),  
State Application Identifier Number  
WI960819-200-N84282XX

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 cursive script, appearing to read "James R. Klauser".

James R. Klauser  
Secretary



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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY



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

August 19, 1996

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

Comprehensive School Health Programs to Prevent  
HIV and Other Important Health Problems, State  
Application Identifier Number WI960815-196-N93938XX

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 cursive script, appearing to read "James R. Klausner".

James R. Klausner  
Secretary

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

<b>1 Applicant Agency</b> Wisconsin Department of Public Instruction	<b>2</b> CFDA # <u>93 • 938</u>	<b>3 Agency I.D. (Optional)</b>
<b>4 Address (Street/City/State/Zip)</b> 125 S. Webster Street, P.O. Box 7841 Madison, WI 53707-7841 Contact Person Nic Dibble <i>spread HIV + other</i> Phone (608) 266-0953	<b>5 Federal Agency to Receive Request</b> DHSS - CDC	
	<b>6 Period of Funding Mo/Day/Year</b> 4-01-93	<b>7 Application Due Date Mo/Day/Year</b> 8/15/96
<b>8 Agency Project Title</b> Comprehensive School Health Programs to Prevent Important Health Problems and Improve Educational Outcomes	<b>9 Executive Order 12372 Review Required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No WI EO</i>	
<b>11 Type of Application</b> <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	<b>12 Type of Assistance</b> <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>10 Area of Impact Counties/States</b> Statewide
<b>13 Number of Years Previously Funded</b> <u>4</u>		

<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b>						
Total Federal Funds Applied For <u>\$750,000</u>						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
141	Federal	PR-F	\$ 249,686			3.37 Perm
			\$ 58,749			2.0 Project
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

**15 Indirect Cost Reimbursement**  
 Yes Rate 5.9% Base \$708,216 Amount \$41,784  No

<b>16 Authorizations</b> <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) John T. Benson Signature <i>John T. Benson / 15</i>	Title if other than Agency Secretary State Superintendent Date August 6, 1996
---	--	--

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Brian Pahnke Phone 4-8259 SAI Number WI960815-196-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 8-15-96  
 Signature *Brian Pahnke* Date 8/16/96 Date Due 8-15-96

930  
38x

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

August 20, 1996

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

Renewable Energy Research and  
Development (WI Electric Power  
Company Wind Energy Project),  
State Application Identifier Number  
WI960820-205-N81087YY

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.

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

Sincerely,

  
James R. Klauser  
Secretary

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE**

PF

Department of Administration  
DOA-7020(R12/92)

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

<b>1</b> Applicant Agency Wisconsin Department of Administration	<b>2</b> CFDA # <u>81-087</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 101 East Wilson Street, P.O. Box 7868 Madison, WI 53707-7868  Contact Person Daniel Moran Phone 266-1067	<b>5</b> Federal Agency to Receive Request Dept. of Energy - Denver Support Office	
	<b>6</b> Period of Funding Mo/Day/Year <u>6/1/97</u> <u>6/1/98</u>	<b>7</b> Application Due Date Mo/Day/Year 8/29/96
<b>8</b> Agency Project Title Wisconsin Electric Power Company Wind Energy Project	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Clearinghouses: Notified _____ Dates _____ _____ _____ _____ All	
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States  Southeastern Wisconsin WEPCo Service Territory
<b>13</b> Number of Years Previously Funded _____		

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

Total Federal Funds Applied For \$361,600

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
ER 7200 (142 20-505(1)(mb))	Federal	PR-F	\$ 361,600	0		0	
	Corporate	Match	\$ 554,360	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

**16** Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Nathaniel E. Robinson  Signature <i>N. Robinson</i>	Title if other than Agency Secretary Administrator, Division of Energy & Intergovernmental Relations  Date <u>08/21/96</u>
---	---	--

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Dan Cavett Phone 6-0777 SAI Number W1960820-205-N 81087

Recommendation:  Approve  Approve With Conditions  Deny Date Received 8-20-96

Signature *[Signature]* Date 8/22 Date Due 8-28-96

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY



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

August 20, 1996

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

Renewable Energy Research and  
Development (Fuel Ethanol from  
Potato Processing Wastes), State  
Application Identifier Number  
WI960820-206-N81087ZZ

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.

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

Sincerely,

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

James R. Klauser  
Secretary

*mailed at 1:00*

# 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

Renewable Energy Res + Dev.

Dr. Fogel

<b>1</b> Applicant Agency Wisconsin Department of Administration	<b>2</b> CFDA # <u>81-087</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 101 East Wilson Street, PO Box 7868 Madison, WI 53707-7868 Contact Person Daniel Moran Phone 608-266-1067	<b>5</b> Federal Agency to Receive Request Department of Energy - Denver Support Ofc	
	<b>6</b> Period of Funding Mo/Day/Year <u>6/1/97</u> <u>9/1/97</u>	<b>7</b> Application Due Date Mo/Day/Year 8/29/96
<b>8</b> Agency Project Title Fuel Ethanol from Potato Processing Wastes		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Federal EO All
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States Portage Wood Waupaca Marathon Adams Waushara
<b>13</b> Number of Years Previously Funded <u>N/A</u>		

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

Total Federal Funds Applied For \$400,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
ER7200	Federal	PR-F	\$ 400,000	0		0	
<u>26.505 (Umb)</u>	Corporate	Match	\$ 625,000	0		0	
<u>[142]</u>			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

**16** Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Nathaniel E. Robinson</u> Signature	Title if other than Agency Secretary Administrator, Division of Energy & Intergovernmental Relations Date <u>08/21/96</u>
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**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

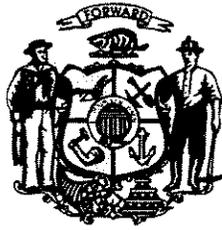
Reviewing Analyst <u>Don Caucutt</u>	Phone <u>6-0777</u>	SAI Number <u>W1960820-206-N8108722</u>
Recommendation <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>8-20-96</u>	Date Due <u>8-28-96</u>
Signature <u>[Signature]</u>	Date <u>8/22</u>	

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY



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

August 20, 1996

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

Renewable Energy Research and  
Development (City of Fennimore  
Wind Energy Project), State  
Application Identifier Number  
WI960820-207-N81087YY

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.

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

Sincerely,

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

James R. Klauser  
Secretary

mailed out 8/26

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

<b>1</b> Applicant Agency Wisconsin Department of Administration	<b>2</b> CFDA # <u>81.087</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 101 East Wilson Street, PO Box 7868 Madison, WI 53707-7868 Contact Person Daniel Moran Phone 266-1067	<b>5</b> Federal Agency to Receive Request Dept. of Energy - Denver Support Office	
	<b>6</b> Period of Funding Mo/Day/Year <u>6/1/97</u> <u>6/1/98</u>	<b>7</b> Application Due Date Mo/Day/Year <u>8/29/96</u>
<b>8</b> Agency Project Title City of Fennimore Wind Energy Project	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates _____ _____ _____ All	<b>10</b> Area of Impact Counties/States <u>Grant County</u>
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	
<b>13</b> Number of Years Previously Funded _____		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$420,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
ER 7200 <i>(20.5850 (mb))</i>	Federal	PR-F	\$420,000	0		0	
	Corporate	Match	\$356,700	0		0	
ES 7200 <i>(20.5850 (mb))</i>	PVE	PR-Oil Ovc	\$43,300	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

<b>16</b> Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Nathaniel E. Robinson Signature <i>Nathaniel E. Robinson</i>	Title if other than Agency Secretary Administrator, Division of Energy & Intergovernmental Relations Date <u>8/21/96</u>
---	--	---

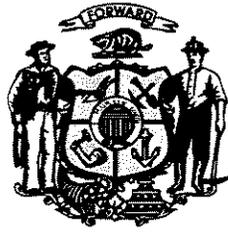
**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Don Cawcutt Phone 6-0777 SAI Number W1960820-207-N 8108714  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 8-20-96  
 Signature *[Signature]* Date 8/22 Date Due 8-28-96

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

August 20, 1996

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

Public Library Services and Interlibrary  
Cooperation and Resource Sharing Titles  
I and III, State Application Identifier  
Number WI960815-197-N84034(5)XX

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 cursive script that reads "James R. Klauser".

James R. Klauser  
Secretary

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

<b>1</b> Applicant Agency WI Dept of Public Instruction	<b>2</b> 8 4 0 3 4 CFDA # 8 4 • 0 3 5	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 125 S Webster, PO Box 7841 Madison WI 53707-7841 Contact Person Peg Branson (608) Phone 266-2413	<b>5</b> Federal Agency to Receive Request U.S. Dept of Education	
<b>8</b> Agency Project Title Public Library Services Interlibrary Cooperation	<b>6</b> Period of Funding Mo/Day/Year 10/01/96 9/30/97	<b>7</b> Application Due Date Mo/Day/Year 9/1/96
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other: Reserve No WI Sharing Titles II + III EO	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates
<b>10</b> Area of Impact Counties/States State		
<b>13</b> Number of Years Previously Funded 41		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For Title I: \$1,742,459; III: \$338,365; Total: \$2,080,824						
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
EO	Federal	PR-F	\$1,190,365			13.9 Perm(.6LTE)
MI	Federal	PR-F	\$ 890,459			
DF	State(Match)	GPR	\$ 1,565,798			
			\$			
			\$			
			\$			
			\$			
			\$			

**15** Indirect Cost Reimbursement  
 Yes Rate 5.9 Base \$816,000 Amount \$48,144  No

<b>16</b> Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) John T. Benson Signature: <i>John T. Benson, MS</i>	Title if other than Agency Secretary State Superintendent Date
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**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Brian Pahnke</u> Phone <u>4-8259</u>	SAI Number <u>WI960815-197-N</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>8-15-96</u>	846
Signature <u>Brian Pahnke</u> Date <u>8/16/96</u>	Date Due <u>8-29-96</u>	346

X

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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY



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

August 20, 1996

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

Certified Mediation Program (Agriculture Loan  
Mediation Program), State Application Identifier  
Number WI960808-184-N10435XX

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,

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

James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

<b>1</b> Applicant Agency Dept. of Agriculture, Trade & Consumer Protection/ Ag Loan Mediation	<b>2</b> CFDA# <u>10-435</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 2811 Agriculture Drive Madison, WI 53704-6777 Contact Person Jo Ann Prust Phone <u>608-224-5052</u>	<b>5</b> Federal Agency to Receive Request USDA-FSA	
	<b>6</b> Period of Funding Mo/Day/Year <u>10/01/95</u>	<b>7</b> Application Due Date Mo/Day/Year <u>August 1, 1996</u>
<b>8</b> Agency Project Title <u>Certified Mediation Program</u> (Agriculture Loan Mediation Program)	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed</u> <u>EO</u> All	
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States  State-Wide <u>Wisconsin</u>
<b>13</b> Number of Years Previously Funded <u>10</u>		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$182,880</u>							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>941</u>	<u>Federal</u>	<u>PR-F</u>	\$ _____	_____	_____	<u>2.1</u>	<u>Permanent</u>
<u>841</u>	<u>Indirect-Fed</u>	<u>PR-F</u>	\$ _____	_____	_____	<u>.5</u>	<u>LTE</u>
<u>901</u>	<u>State</u>	<u>GPR</u>	\$ _____	_____	_____	<u>3.0</u>	<u>Permanent</u>
_____	_____	_____	\$ _____	_____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____	_____

**15** Indirect Cost Reimbursement  
 Yes    Rate 20.26%    Base 81,514    Amount 16,513     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>7-30-96</u>
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**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Jacky Jegenheimer Phone 6-7597 SAI Number WI 960808-184-1

Recommendation:  Approve     Approve With Conditions     Deny    Date Received 8-8-96

Signature J. Jegenheimer Date 16-Aug-96 Date Due 8-22-96

COMMENTS:

43

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

August 21, 1996

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

Temporary Child Care and Crisis Nurseries  
(Kenosha County), State Application Identifier  
Number WI960821-208-N93656YY

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
 OGA-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

Temporary Child Care + Crisis Nurseries

<b>1</b> Applicant Agency Dept of Health & Family Services	<b>2</b> CFDA # <u>93.656</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) P.O. Box 7850 Madison, WI 53707 Contact Person Gail Propson Phone 267-2887	<b>5</b> Federal Agency to Receive Request Dept of Health & Human Services	
<b>8</b> Agency Project Title (Crisis Nursery-Kenosha Co.)	<b>6</b> Period of Funding Mo/Day/Year <u>10/1/96</u> <u>9/30/97</u>	<b>7</b> Application Due Date Mo/Day/Year 8/19/96
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed. EO</u> _____ _____ All
<b>10</b> Area of Impact Counties/States Kenosha Co		
<b>13</b> Number of Years Previously Funded _____		

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

Total Federal Funds Applied For \$200,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
341	Federal	PR-F	\$ 200,000	0			
	Local		\$ 69,964				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

**16** Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Joe Leean Signature	Title if other than Agency Secretary Date 8-16-96
---	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Satchin Fossam Phone 6-2288 SAI Number WI960821-208  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 8-21-96  
 Signature: Satchin A. Fossam Date 8/19/96 Date Due 8-21-96

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

---

August 21, 1996

Richard C. Wegner, Acting Secretary  
Department of Workforce Development  
201 E. Washington Avenue  
PO Box 7946  
Madison, WI 53707-7946

Refugee CMA Services Plan, State  
Application Identifier Number  
WI960819-202-N93756XX

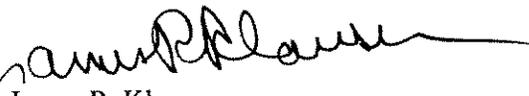
Dear Acting Secretary Wegner:

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

1	Applicant Agency Dept. of Workforce Development	2	CFDA # 9 3 . 7 5 6	Agency I.D. (Optional)	
4	Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Susan G. Levy Phone 266-0578	5	Federal Agency to Receive Request DH&HS; Office of Refugee Resettlement		
8	Agency Project Title Refugee CMA Services Plan	6	Period of Funding Mo/Day/Year 10/01/96 09/30/97	7	Application Due Date Mo/Day/Year 09/15/96
9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified <u>Dates</u>	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	<p style="font-size: 1.2em; margin: 0;"><i>NOT on Fed nor State List</i></p>	
13	Number of Years Previously Funded	21	All		
14	Funding, Allotment and Position Data (including Federal indirect costs)				
		Total Federal Funds Applied For		\$1,345,798	
		Numeric		New Positions	
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type
348	Federal	PR-F	\$ 534,778		
346	Federal	PR-F	\$ 811,020		6.80 Perm
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
15	Indirect Cost Reimbursement		<input checked="" type="checkbox"/> Yes Rate 0.50%		No
		Base	255,281	Amount	1,279
16	Authorizations	Authorized Agency Representative (Type or Print) Daniel Ryan		Title if other than Agency Secretary Budget Analyst	
		<input checked="" type="checkbox"/> Delegated Review		Date	
		Signature <i>Daniel Ryan</i>			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst		<i>Jennifer Saha</i>		SAI Number <i>WI 960819-20E</i>	
Recommendation:		<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>8-19-96</i>	
Signature		<i>Jennifer Saha</i>		Date Due <i>8-30-96</i>	
COMMENTS:		Date <i>8/20/96</i>		<p style="font-size: 1.5em; margin: 0;"><i>13</i></p> <p style="font-size: 1.5em; margin: 0;"><i>x</i></p>	