

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

August 21, 1996

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

Assistance Payments-Research (W-2
Evaluation-Research on Child Outcomes),
State Application Identifier Number
WI960819-201-N93562XX

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,

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

James R. Klauser
Secretary

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

August 22, 1996

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

Refugee and Entrant Assistance Discretionary
Grants (Wisconsin Youth and Family Initiative-
Keeping Education Among Youth for Success),
State Application Identifier Number
WI960730-175-N93576XX

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,

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

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Discretionary Grants

Refugee & Entrant Assistance

1 Applicant Agency <u>Wisconsin</u> Department of Workforce Development		2 CFDA # <u>93.576</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) <u>201 East Washington Avenue, P.O. Box 7946</u> <u>Madison WI 53707-7946 DANE</u>		5 Federal Agency to Receive Request <u>Department of Health and Human Services</u>	
Contact Person <u>Susan G. Levy</u> Phone <u>266-0578</u>		6 Period of Funding Mo/Day/Year <u>10/01/96</u> <u>09/30/97</u>	7 Application Due Date Mo/Day/Year <u>07/15/96</u>
8 Agency Project Title <u>Wisconsin Youth and Family Initiative - Keeping Education Among Youth for Success (KEYS) (RD/CA4)</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>no WI</u> <u>EE</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 _____	10 Area of Impact Counties/States <u>Statewide</u>	
13 Number of Years Previously Funded _____			

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

Total Federal Funds Applied For _____

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<u>333</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 1,312,411</u>			<u>1</u>	<u>Project</u>
<u>345</u>			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 0.75% Base \$32,500 Amount \$244.00 No

16 Authorizations

<u>Not on Delist</u> <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Dan Ryan</u>	Title if other than Agency Secretary <u>Budget Analyst</u>
	Signature <u>Dan Ryan</u>	Date <u>July 15, 1996</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Orlando Canto Phone 6-1103 SAI Number WI 960730-175-N

Recommendation: Approve Approve With Conditions Deny Date Received 7-30-96

Signature [Signature] Date 8/7/96 Date Due 8-13-96

935
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 22, 1996

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

Surveys for Marsh and Sedge Meadow Birds
Black Tern Surveys, State Application
Identifier Number WI960815-195-N00000XX

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,

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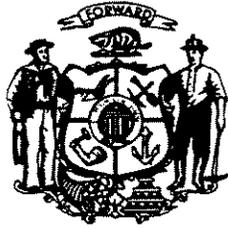
James R. Klauser
Secretary

1 Applicant Agency Department of Natural Resources		2 CFDA # <u>15.FFC</u>		3 Agency LD. (Optional) <u>710</u>																																																																																	
4 Address (Street/City/State/Zip) Box 7921 Madison, WI 53707 Contact Person Patricia Manthey Phone 608-266-1571		5 Federal Agency to Receive Request U.S. Fish and Wildlife Service		6 Period of Funding Mo/Day/Year DOA - 10/30/96																																																																																	
7 Application Due Date Mo/Day/Year		8 Agency Project Title Surveys for marsh and sedge meadow birds Black Tern surveys		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No CFDA #</u>																																																																																	
10 Area of Impact Counties/States <u>Wisconsin statewide</u>		11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input 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>\$5,000</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>181</td> <td>Federal</td> <td></td> <td>\$5,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	181	Federal		\$5,000								\$								\$								\$								\$								\$								\$								\$								\$								
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____				<input checked="" type="checkbox"/> No																																																																																	
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Francis Fennessy, Administrator		Title if other than Agency Secretary Div. of Mgmt Services																																																																																	
		Signature <u>Francis Fennessy</u>		Date 8/6/96																																																																																	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																					
Reviewing Analyst <u>Kirsten Grinde</u> Phone <u>609-7973</u>		SAI Number <u>WI960815-195-N</u>																																																																																			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>8-15-96</u>																																																																																			
Signature <u>Kirsten M. Grinde</u> Date <u>8/22/96</u>		Date Due <u>8-29-96</u>																																																																																			
COMMENTS:																																																																																					

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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 22, 1996

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

Determination of Migration Routes, Staging Areas
and Wintering Range of Common Loons Using
Implanted Satellite Transmitters, State Application
Identifier Number WI960729-169-N00000XX

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,

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James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

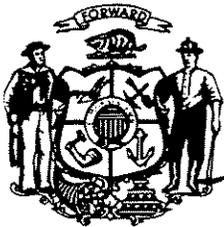
Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 50)

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

1 Applicant Agency Department of Natural Resources			2 CFDA# 15.KKC		3 Agency I.D. (Optional) 722																																																																								
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Michael Meyer Phone 715-365-8858			5 Federal Agency to Receive Request Dept. of Interior, Nat'l. Biological Service																																																																										
			6 Period of Funding Mo/Day/Year 06/15/96 12/31/97		7 Application Due Date Mo/Day/Year June 1996																																																																								
8 Agency Project Title Determination of Migration Routes, Staging Areas and Wintering Range of Common Loons Using Implanted Satellite Transmitters			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No CFDA#</i>		10 Area of Impact Counties/States Wisconsin, Minnesota, Michigan																																																																								
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: 0			All																																																																										
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<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Numeric</th> <th colspan="2"></th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th style="text-align: left;">Appropriation</th> <th style="text-align: left;">Source</th> <th style="text-align: left;">Revenue Type</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">No. (FTE)</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">No. (FTE)</th> <th style="text-align: left;">Type</th> </tr> </thead> <tbody> <tr> <td>181</td> <td>Federal</td> <td>PR-Federal</td> <td>\$20,133.00</td> <td></td> <td>LEP</td> <td>0</td> <td>N/A</td> </tr> <tr> <td>882</td> <td>Federal</td> <td>Indirect</td> <td>\$ 867.00</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			New Positions		Existing Positions		Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type	181	Federal	PR-Federal	\$20,133.00		LEP	0	N/A	882	Federal	Indirect	\$ 867.00								\$								\$								\$								\$								\$				
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$3,600.00</u> Amount <u>\$867.00</u> <input type="checkbox"/> No																																																																													
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Francis M. Fennessy Signature <i>Francis M. Fennessy</i>			Title if other than Agency Secretary Administrator, Management Services Date <i>July 23, 1996</i>																																																																								
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																													
Reviewing Analyst <u>Kirsten Grinde</u> Phone <u>6-9973</u> SAI Number <u>WI960729-169-N</u> Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date Received <u>7-29-96</u> 000 Signature <i>Kirsten M. Grinde</i> Date <u>8/22/96</u> Date Due <u>8-12-96</u> 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 26, 1996

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

Cooperative Forestry Assistance
(American Chestnut Cooperation),
State Application Identifier Number
WI960808-183-N10664YY

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 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 that reads "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

1 Applicant Agency Department of Natural Resources	2 CFDA# 10.664	3 Agency I.D. (Optional)
4 Address (Street/City State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Jack Hoisington Phone (608) 266-1993	5 Federal Agency to Receive Request USDA FOREST SERVICE - S&PF	
	6 Period of Funding Mo/Day/Year 7/1/96 9/30/2001	7 Application Due Date Mo/Day/Year August 30, 1996

8 Agency Project Title American Chestnut Cooperation <i>Cooperative Forestry Assistance</i>	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates Mississippi River July, 1996 <i>needs w/ E</i>	10 Area of Impact Counties/States LaCrosse
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: zero

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

Total Federal Funds Applied For \$10,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
181-12	Federal	SEG-F	\$10,000	0		0	
161-12	State-Match	SEG	\$ 2,532				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 24.08% Base \$2,260 Amount \$544 No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Darrell Bezzell <i>Franc Fennessy</i> Signature <i>Franc Fennessy</i>	Title if other than Agency Secretary Administrator/OPA Date <i>July 30, 1996</i>
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Kirsten Bairde</i> Phone <i>608-7973</i>	SAI Number <i>WI 960808-183-N</i>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>8-8-96</i>	
Signature <i>Kirsten M. Bairde</i> Date <i>8/22/96</i>	Date Due <i>8-22-96</i>	

COMMENTS:

10
66
44

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 26, 1996

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

National School Lunch Program
(FY 97 State Administrative Expense
Plan), State Application Identifier
Number WI960821-210-N10555XX

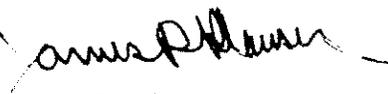
Dear Superintendent Benson:

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.

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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

National School Lunch Program

1 Applicant Agency Wisconsin Department of Public Instruction		2 CFDA # <u>10 • 555</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) P.O. Box 7841 Madison, WI 53707 Contact Person Richard A. Mortensen Phone 608 266-3509		5 Federal Agency to Receive Request U.S. Department of Agriculture		6 Period of Funding Mo/Day/Year 10/01/96 09/30/98	
8 Agency Project Title FY 1997 State Administrative Expense (SAE) Plan		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI EO</u> All		7 Application Due Date Mo/Day/Year 8/15/96	
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 checked="" type="checkbox"/> Discretionary Other		10 Area of Impact Counties/States Statewide/WI	
13 Number of Years Previously Funded <u>More than 5 years</u>					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,484,538</u>					
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)
EO	Federal	PR-F	\$1,484,538		16.70 Perm.
DF	State	GPR	\$ 287,112		4.70 Perm.
D7	Local	PRO	\$ 193,580		2.90 Perm.
			\$		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>5.9%</u> Base <u>1,389,082</u> Amount <u>\$81,956</u> <input type="checkbox"/> No					
16 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 8/15/96	

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Brian Pahnke Phone 4-8259 SAI Number WI960821-210-N
 Recommendation: Approve Approve With Conditions Deny Date Received 8-21-96
 Signature Brian Pahnke Date 8/22/96 Date Due 9-4-96

10
55

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 26, 1996

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

Nutrition Education and Training Program
(NET), State Application Identifier
Number WI960821-211-N10564XX

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

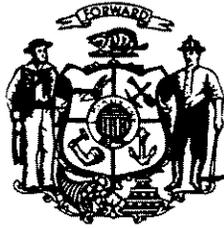
Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Department of Public Instruction		2 CFDA # <u>10 • 564</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip)		5 Federal Agency to Receive Request USDA-FCS, MWRO Chicago, IL		7 Application Due Date Mo/Day/Year 8/15/96	
Contact Person <u>Julie Allington</u> Phone <u>267-9120</u>		6 Period of Funding Mo/Day/Year <u>10/1/96</u> to <u>9/30/97</u>		7 Application Due Date Mo/Day/Year 8/15/96	
8 Agency Project Title <u>Nutrition Education & (NET) Training Program</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI EO</u>		10 Area of Impact Counties/States	
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 _____		_____ All	
13 Number of Years Previously Funded _____		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$184,519</u>			
Numeric Appropriation		Source		Revenue Type	
Amount		New Positions No. (FTE) Type		Existing Positions No. (FTE) Type	
<u>100-3409-38-EQ-6000</u>		<u>Federal</u>		<u>PR-F</u>	
<u>\$ 184,519</u>		_____		<u>2.0</u>	
_____		_____		_____	
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_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>John T. Benson</u> Signature <u>John T. Benson</u>		Title if other than Agency Secretary Date <u>8-15-96</u>	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <u>Brian Fahnke</u> Phone <u>4-8259</u>		SAI Number <u>WI960821-211-1</u>		Date Received <u>8-21-96</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>8-21-96</u>		Date Due <u>9-4-96</u>	
Signature <u>Brian Fahnke</u>		Date <u>8/22/96</u>		Date Due <u>9-4-96</u>	

11-1
105
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 26, 1996

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

State Administrative Matching Grants for
Food Stamp Program (WI Nutrition Education
Plan), State Application Identifier Number
WI960821-209-N10561XX

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,

A handwritten signature in cursive script that reads "James R. Klauser".

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Food Stamp Program
State Administrative Matching Grants for

1 Applicant Agency Dept. of Workforce Development	2 CFDA # 10-561	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 201 East Washington Avenue Madison, WI 53702 Contact Person Joan Lockyear Phone 266-8628	5 Federal Agency to Receive Request USDA, Food & Consumer Service	
8 Agency Project Title Wisconsin Nutrition Education Plan	6 Period of Funding Mo/Day/Year 10/01/96 09/30/97	7 Application Due Date Mo/Day/Year 08/15/96
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WI EO _____ All
10 Area of Impact Counties/States Statewide		
13 Number of Years Previously Funded Nine		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For 3,241,862							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
440 <i>or 340</i>	Federal	PRF	\$3,241,862				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

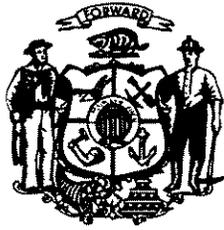
16 Authorizations <input checked="" type="checkbox"/> Delegated Review <i>not on list</i>	Authorized Agency Representative (Type or Print) Daniel Ryan Signature: <i>Daniel Ryan</i>	Title if other than Agency Secretary Budget Analyst Date: 8/9/96
--	---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Jennifer Sajia</i> Phone 6-8219	SAI Number WI960821-209-Nu	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received 8-21-96	561 x8
Signature: <i>Jennifer Sajia</i> Date 8/23/96	Date Due 9-4-96	

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 27, 1996

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

Superfund State Site (Better Brite Remedial
Design and Pretreatment Remedial Action),
State Application Identifier Number
WI960808-188-N66802YY

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

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

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

Sincerely,

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

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

1 Applicant Agency Department of Natural Resources		2 CFDA# 66802	3 Agency I.D. (Optional) 739																																																												
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Dick Kalnicky <i>State Site</i> Phone 608/267-7554		5 Federal Agency to Receive Request U.S. EPA, Region V																																																													
8 Agency Project Title Superfund Better Brite Remedial Design and Pretreatment Remedial Action		6 Period of Funding Mo/Day/Year 10/1/96 9/30/97	7 Application Due Date Mo/Day/Year 8/31/96																																																												
11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Date <i>Brown County</i> <i>8/5/96</i> <i>Needs WI</i>																																																													
13 Number of Years previously funded: 5		10 Area of Impact Counties/States Brown County State of Wisconsin																																																													
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$136,951																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">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>74-280</td> <td>Fed</td> <td>PRF</td> <td>\$131,318</td> <td></td> <td></td> <td>0.5</td> <td>Proj</td> </tr> <tr> <td>02-846</td> <td>Indirect</td> <td>PRF</td> <td>\$5,633</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>74-245</td> <td>State</td> <td>SEG</td> <td>\$290</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> </tbody> </table>				Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	74-280	Fed	PRF	\$131,318			0.5	Proj	02-846	Indirect	PRF	\$5,633					74-245	State	SEG	\$290																												
Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																					
				No. (FTE)	Type	No. (FTE)	Type																																																								
74-280	Fed	PRF	\$131,318			0.5	Proj																																																								
02-846	Indirect	PRF	\$5,633																																																												
74-245	State	SEG	\$290																																																												
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$23,394</u> Amount <u>\$5,633</u> <input type="checkbox"/> No																																																															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc M. Fennessy Signature <i>Franc M. Fennessy</i> Title if other than Agency Secretary Administrator Date <i>July 31, 1996</i>																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																															
Reviewing Analyst <i>Russ Prosser</i> Phone <i>6-7329</i>		SAI Number <i>WI 960808-188-N</i>																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>8-8-96</i>																																																													
Signature <i>Russ Prosser</i>		Date <i>8/22/96</i>																																																													
Date <i>8/22/96</i>		Date Due <i>8-22-96</i>																																																													
COMMENTS:																																																															

802

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 27, 1996

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

Air Pollution Control Program, State
Application Identifier Number
WI960731-180-N66001XX

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 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". The signature is written in a cursive style with a large, sweeping initial "J".

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

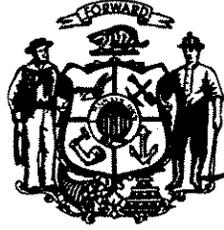
Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 50)

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

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.001	3 Agency I.D. (Optional) 737																																																																				
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Bob Belongia Phone 608/266-1058		5 Federal Agency to Receive Request U.S. EPA - Region V																																																																					
8 Agency Project Title Air Pollution Control Program Grant		6 Period of Funding Mo/Day/Year 10/01/96 09/30/97	7 Application Due Date Mo/Day/Year 10/01/96																																																																				
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 checked="" type="checkbox"/> Discretionary Other:	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: _____ Dates _____ Notified: <i>Needs WI EC</i>																																																																					
13 Number of Years previously funded: <u>12+</u>		Y	Alt <u>07/29/96</u>																																																																				
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$3,179,242																																																																							
<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>241-22</td> <td>Federal</td> <td>PR-F</td> <td>\$2,483,682</td> <td></td> <td></td> <td>45.5</td> <td>Perm</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>.0</td> <td>Project</td> </tr> <tr> <td>341-30</td> <td>Federal</td> <td>PR-F</td> <td>\$63,900</td> <td></td> <td></td> <td>1.0</td> <td>Perm</td> </tr> <tr> <td>341-32</td> <td>Federal</td> <td>PR-F</td> <td>\$106,100</td> <td></td> <td></td> <td>1.5</td> <td>Perm</td> </tr> <tr> <td>285-22/236-22</td> <td>State</td> <td>PIF/PRO</td> <td>\$2,330,786</td> <td></td> <td></td> <td>30.5</td> <td>Perm</td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$461,592</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$525,560</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	241-22	Federal	PR-F	\$2,483,682			45.5	Perm							.0	Project	341-30	Federal	PR-F	\$63,900			1.0	Perm	341-32	Federal	PR-F	\$106,100			1.5	Perm	285-22/236-22	State	PIF/PRO	\$2,330,786			30.5	Perm	801	State	GPR	\$461,592					846	Federal	PR-F	\$525,560				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																													
				No. (FTE)	Type	No. (FTE)	Type																																																																
241-22	Federal	PR-F	\$2,483,682			45.5	Perm																																																																
						.0	Project																																																																
341-30	Federal	PR-F	\$63,900			1.0	Perm																																																																
341-32	Federal	PR-F	\$106,100			1.5	Perm																																																																
285-22/236-22	State	PIF/PRO	\$2,330,786			30.5	Perm																																																																
801	State	GPR	\$461,592																																																																				
846	Federal	PR-F	\$525,560																																																																				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>2408</u> Base <u>\$4,099,468</u> Amount <u>\$987,152</u> <input type="checkbox"/> No																																																																							
16 Authorizations <input checked="" 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 <i>OPA A+T</i> Date: _____																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																							
Reviewing Analyst: <u>Doug Percy</u> SAI Number _____		Phone: <u>6-6039</u>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received: <u>7-31-96</u>																																																																					
Signature: <u>Doug Percy</u>		Date: <u>8/12/96</u>																																																																					
		Date Due: <u>8-14-96</u>																																																																					

WI 960731-180N/66
001
X7

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 30, 1996

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

Miscellaneous Programs (Chicago Regional
Energy Planning Initiative), State Application
Identifier Number WI960829-219-N81502XX

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

... about 9/3

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

Handwritten:
H
Approved

1 Applicant Agency Wisconsin Department of Administration	2 CFDA # <u>81.502</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 101 E. Wilson Street, 6th Floor Madison, WI 53702 Contact Person Norman Bair Phone 266-5827	5 Federal Agency to Receive Request U. S. Dept. of Energy	
	6 Period of Funding Mo/Day/Year <u>10/1/96</u> <u>6/30/98</u>	7 Application Due Date Mo/Day/Year 9/6/96
8 Agency Project Title Chicago Regional Energy Planning Initiative	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates _____ _____ _____ _____ All	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States Entire State _____ _____ _____ _____
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>\$95,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
ER7200/142	Federal	PR-F	\$93,531			1	Proj
ER7200/	Indirect	PR-F	\$ 1,469				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 6.4% Base 22,949 Amount 1,469 No

16 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, Energy & Intergov. Relations Date: <u>08/29/96</u>
---	--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Dan Caucutt</u>	Phone <u>6-0777</u>	SAI Number <u>WI960829-219-N81502XX</u>
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>8/28/96</u>	Date Due <u>9/4/96</u>
Signature <i>Dan Caucutt</i>	Date <u>9-4-96</u>	

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

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



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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

August 30, 1996

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

Ryan White HIV Care Formula Grant (Title II,
ADAP Supplemental), State Application
Identifier Number WI960808-187-N93917XX

Dear Secretary Leean:

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

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

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

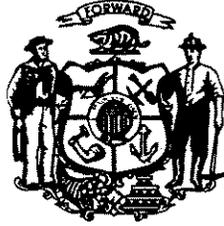
Sincerely,

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

James R. Klauser
Secretary

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 30, 1996

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

Maternal and Child Health Federal Consolidated Program
(State Systems Development Initiative), State Application
Identifier Number WI960819-204-N93110XX

Dear Secretary Leean:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

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 30, 1996

Steven D. Sell, Executive Director
Office of Justice Assistance
222 State Street, Second Floor
Madison, WI 53702-0001

National Criminal History Improvement
Program, State Application Identifier
Number WI960729-170-N16554XX

Dear Mr. Sell:

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

Sincerely,

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

James R. Klauser
Secretary

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

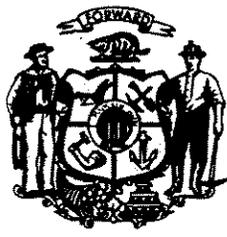
WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

National Criminal History Improvement Program

1 Applicant Agency Wisconsin Office of Justice Assistance		2 CFDA # <u>16.554</u>		3 Agency I.D. (Optional) NCHIP Disc.																																																																																													
4 Address (Street/City/State/Zip) 222 State Street, 2nd Floor Madison, WI 53702-0001 Contact Person Stephen Grohmann Phone 608-266-7185		5 Federal Agency to Receive Request U.S. Department of Justice																																																																																															
6 Agency Project Title Criminal Justice Record Improvement Program		9 Executive Order 12972 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates Dept of Admin. 07-23-96 All EO		7 Application Due Date Mo/Day/Year 07-29-96																																																																																													
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Statewide																																																																																													
13 Number of Years Previously Funded <u>1</u>		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>480,000</u> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <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>644</td> <td>Federal</td> <td>PRF</td> <td>\$ 480,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	644	Federal	PRF	\$ 480,000								\$								\$								\$								\$								\$								\$								\$								\$								\$				
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																																																	
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Frederick N. Falk Signature _____		Title if other than Agency Secretary Executive Director Date 07-23-96																																																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																																	
Reviewing Analyst <i>[Signature]</i>		Phone <u>7-0371</u>		SAI Number <u>WI960729-170-N1</u>																																																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>7-29-96</u>		554																																																																																													
Signature <i>[Signature]</i>		Date <u>8/22</u>		Date Due <u>8-12-96</u>																																																																																													
XX																																																																																																	



TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

August 30, 1996

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

Narcotics Control Discretionary Grant
(Drugfire Equipment Program), State
Application Identifier Number
WI960729-174-N16580XX

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 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', written over a circular stamp or mark.

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

Narcotics Control discretionary grant

1 Applicant Agency Wisconsin Department of Justice		2 CFDA # <u>16580</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. Box 7857 Madison, WI 53707-7857 Contact Person Michael Roberts (608) Phone 266-7052		5 Federal Agency to Receive Request Bureau of Justice Assistance	
		6 Period of Funding Mo/Day/Year 1/1/97 through 3/1/97	7 Application Due Date Mo/Day/Year July 26, 1996
8 Agency Project Title (Drugfire Equipment Program)		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs WI 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 type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		
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 \$96,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
241	FED	PR-F	\$96,000	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

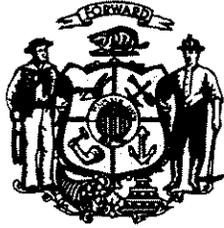
16 Authorizations

<input type="checkbox"/> Delegated Review <i>Heitz</i>	Authorized Agency Representative (Type or Print) James E. Doyle	Title if other than Agency Secretary Attorney General
	Signature <i>James E. Doyle</i>	Date July 11, 1996

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Scott Aker Phone 7-0370 SAJ Number WT960729-174-1
 Recommendation: Approve Approve With Conditions Deny Date Received 8-19-96 1658
 Signature Scott Aker Date 26 AUG 96 Date Due 8-12-96 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 30, 1996

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

Hazardous Waste Management Program,
State Application Identifier Number
WI960808-185-N66801XX

Dear Mr. Fennessy:

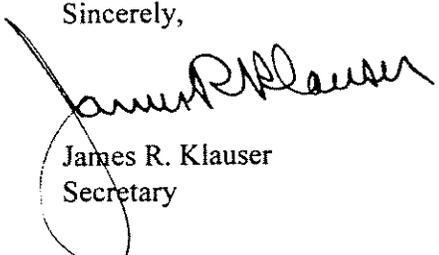
The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The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

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

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

Sincerely,


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 E. Wilson St., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone (608) 266-8234

1 Applicant Agency Department of Natural Resources		2 CFDA# 66801	3 Agency I.D. (Optional) 738																																																												
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Colleen Hellenbrand Phone 608/267-7515		5 Federal Agency to Receive Request U.S. EPA, Region V																																																													
		6 Period of Funding Mo/Day/Year 10/1/96 9/30/97	7 Application Due Date Mo/Day/Year 9/1/96																																																												
8 Agency Project Title Hazardous Waste Management Program		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates Needs WI EF																																																													
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:																																																													
13 Number of Years previously funded: 18		X AIE 08/02/96																																																													
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$2,052,247</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>02-241</td> <td>Fed RCRA</td> <td>PRF</td> <td>\$1,649,603</td> <td></td> <td></td> <td>32.5</td> <td>Perm.</td> </tr> <tr> <td>02-341</td> <td>Fed RCRA</td> <td>PRF</td> <td>\$37,575</td> <td></td> <td></td> <td>1</td> <td>Perm.</td> </tr> <tr> <td>02-846</td> <td>Indirect</td> <td>PRF</td> <td>\$365,069</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02-221</td> <td>HW Fees</td> <td>PR</td> <td>\$280,000</td> <td></td> <td></td> <td>3.5</td> <td>Perm.</td> </tr> <tr> <td>02-201</td> <td>GPR</td> <td>GPR</td> <td>\$319,146</td> <td></td> <td></td> <td>2.75</td> <td>Perm.</td> </tr> <tr> <td>02-801</td> <td>GPR</td> <td>GPR</td> <td>\$129,672</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	02-241	Fed RCRA	PRF	\$1,649,603			32.5	Perm.	02-341	Fed RCRA	PRF	\$37,575			1	Perm.	02-846	Indirect	PRF	\$365,069					02-221	HW Fees	PR	\$280,000			3.5	Perm.	02-201	GPR	GPR	\$319,146			2.75	Perm.	02-801	GPR	GPR	\$129,672				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																					
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02-241	Fed RCRA	PRF	\$1,649,603			32.5	Perm.																																																								
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02-201	GPR	GPR	\$319,146			2.75	Perm.																																																								
02-801	GPR	GPR	\$129,672																																																												
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$2,054,574</u> Amount <u>\$494,741</u> <input type="checkbox"/> No																																																															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Francis M. Fennessy Signature Francis M. Fennessy Date July 31, 1996																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																															
Reviewing Analyst Russ Rasmussen Phone 6-7329		SAI Number WI960808-185-N																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received 8-8-96																																																													
Signature Russell Rasmussen Date 5/22/96		Date Due 8-22-96																																																													
COMMENTS:																																																															

668
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 30, 1996

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

OSHA Consultation, State Application
Identifier Number WI960814-193-N17500XX

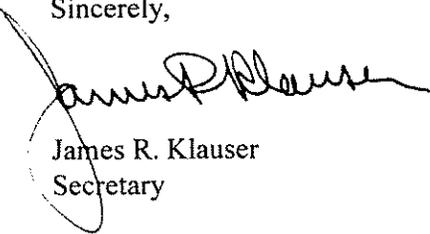
Dear Secretary Leean:

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,



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 # 17.207	Agency FD (Optional) FED 2187
4 Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Phone 266-5745	5 Federal Agency to Receive Request U. S. Dept. of Labor	
	6 Period of Funding Mo/Day/Year 7/1/96 - 6/30/97	7 Application Due Date Mo/Day/Year 8/15/96
8 Agency Project Title America's Labor Market Information System Internet Access for Job Seekers	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO WIEE</u>	10 Area of Impact Counties/States Statewide
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	
13 Number of Years Previously Funded New	All	

14 Funding, Allotment and Position Data (including Federal indirect costs)								
Total Federal Funds Applied For				218,880				
Numeric Appropriation		Source	Revenue Type	Amount	New Positions		Existing Positions	
					No. (FTE)	Type	No. (FTE)	Type
E1 (151)		Federal	PR-F	\$ 218,880				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				

15 Indirect Cost Reimbursement			
<input type="checkbox"/> Yes Rate N/A		<input checked="" type="checkbox"/> No	
		Base	Amount
16 Authorizations		Authorized Agency Representative (Type or Print)	
<input type="checkbox"/> Delegated Review		Tom Dichraff	
		Signature	Title if other than Agency Secretary
		<u>Tom Dichraff</u>	Budget Analyst
			Date
			8/15/96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Orlando Canto</u> Phone <u>6-1103</u>	SAI Number <u>WI 960808-187-1</u>
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>8-8-96</u>
Signature _____ Date _____	Date Due <u>8-15-96</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

1 Applicant Agency Department of Health and Family Services		2 CFDA # <u>93 . 667</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson Street, P. O. Box 7850 Madison, WI 53707-7850 Contact Person Richard Kiley Phone 266-7336		5 Federal Agency to Receive Request DHHS: Admin of Children & Families	
8 Agency Project Title FFY 1997 Social Services Block Grant		6 Period of Funding Mo/Day/Year	7 Application Due Date Mo/Day/Year
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO Fed. EO</u> All	
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Statewide	
13 Number of Years Previously Funded <u>more than 5</u>			

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$46,250,742</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
692	Federal	PR-F	\$ 5,866,599			119.7	Perm.
792	Federal	PR-F	\$ 40,265,443				
798	Federal	PR-F	\$ 118,700				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement will be taken against salary at end of budget period.
 Yes Rate 5.2% Base _____ Amount _____ No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <u>Richard W. Lorang</u>	Title if other than Agency Secretary Deputy Secretary Date <u>8-12-96</u>
--	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Cynthia Fossum Phone 6-2288 SAI Number WFA960815-199-N

Recommendation: Approve Approve With Conditions Deny Date Received 8-15-96 93

Signature _____ Date _____ Date Due Del. 667X

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 DHFS/Wisconsin Council on Developmental Disabilities		2 CFDA # 93.630	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) Wisconsin Council on Developmental Disabilities 722 Williamson St (PO Box 7851) Madison, WI 53707-7851		5 Federal Agency to Receive Request Department Health & Human Services					
Contact Person Jayn Wittenmyer Phone (608) 266-7826		6 Period of Funding Mo/Day/Year 10/1/96-9/30/97	7 Application Due Date Mo/Day/Year 8/15/96				
8 Agency Project Title Developmental Disabilities Basic Support & Advocacy Grant		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed. EO					
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		10 Area of Impact Counties/States Statewide - Wisconsin					
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		13 Number of Years Previously Funded 25					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$1,228,512							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	New Positions Type	Existing Positions No. (FTE)	Existing Positions Type
641	Federal	PR-F	\$1,228,512	-	-	9.25	Fed-Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
Aids Approp State Match		GPR	\$ 350,000				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 5.0% Base \$282,606 Amount \$14,130 <input type="checkbox"/> No							
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard Lorang		Title if other than Agency Secretary Deputy Secretary			
Signature Breth Fossun		Signature <i>[Signature]</i>		Date 8-12-96			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>[Signature]</i>		Phone 7-9546		SAI Number WF 960815-198-N			
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received 8-15-96		Date Due Del.			
Signature _____		Date _____					
COMMENTS: <i>[Handwritten: gulech]</i>							
93 630 X							

Comments Continued on Reverse or on a Separate Sheet

14-827-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration
Form DOA-7020 (R 5-85)
(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 DHFS/DOH/BPH		2 CFDA # <u>10 • 557</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E Washington Ave, Room 167 Madison WI 53703 Contact Person Patti Herrick Phone 266-3821		5 Federal Agency to Receive Request	
8 Agency Project Title WIC-The Special Supplemental Nutrition Prog for Women Infants & Children		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>8/15/96</u>
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 _____	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 <u>Statewide</u>			

13 Number of Years Previously Funded _____

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

Total Federal Funds Applied For _____				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
148	federal	PR-F	\$ 55,687,610			16.98	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 14.1/15.3 Base 650,000 Amount 90,000 No

16 Authorizations
 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 8-14-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Jablonsky Phone 7-9546 SAI Number WF960823-213-1

Recommendation: Approve Approve With Conditions Deny Date Received 8-23-96

Signature _____ Date _____ Date Due Rel.

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

Aue copy

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-828-1

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

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

1 Applicant Agency WI DEPARTMENT OF HEALTH & FAMILY SERVICES		2 CFDA # 17 • 500	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Avenue, Room 112 MADISON WI 53703 Contact Person Terry E. Moen Phone 608-266-8579		5 Federal Agency to Receive Request US Department of Labor	
		6 Period of Funding Mo/Day/Year 10/01/96 09/30/97	7 Application Due Date Mo/Day/Year 08/25/96
8 Agency Project Title OSHA 7(C)1 Laboratory		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>not on Fed nor State list nor Fed Book</i>	
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 _____	10 Area of Impact Counties/States Nationwide	
13 Number of Years Previously Funded 19			

14 Funding, Allotment and Position Data (including Federal indirect costs)
 Total Federal Funds Applied For \$1,438,700

Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PRF	\$1,438,700	All Contractual	services to WI Occupational Health Laboratory, State Lab of Hygiene (\$10,000 to DOH for fiscal monitoring)		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print) Richard W. Lorang
 Title if other than Agency Secretary Deputy Secretary
 Signature *Richard W. Lorang* Date 8.22.86

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Aue Jalkovsky* Phone *7-9586* SAI Number *W1960826-215-N1*
 Recommendation: Approve Approve With Conditions Deny Date Received *8-26-96* 500
 Signature _____ Date _____ Date Due *Del.* XX

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

Aue copy

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

September 5, 1996

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

Wisconsin's Great Printers Project -
Electronic Reporting and Integration, State
Application Identifier Number
WI960830-221-N66708XX

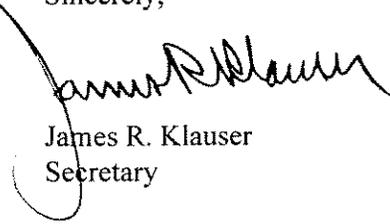
Dear Mr. Fennessy:

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 DCA-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

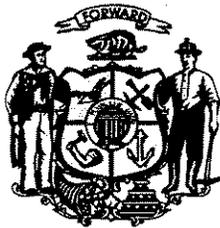
Pollution Prevention Grant

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.708		3 Agency I.D. (Optional) 753	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person : Tom Aten Phone : 608/267-7638		5 Federal Agency to Receive Request U. S. Environmental Protection Agency		6 Period of Funding Mo/Day/Year 10-01-96 09-30-97	
7 Application Due Date Mo/Day/Year 09-01-96		8 Agency Project Title: Wisconsin's Great Printers Project - Electronic Reporting and Integration		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates 8/27/96 No WTEC	
10 Area of Impact Counties/States Statewide		11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:	
13 Number of Years previously funded: 2		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$75,000</u> <i>Additional</i>			
Numeric Appropriation		Source		Revenue Type	
Amount		New Positions No. (FTE)		Existing Positions No. (FTE)	
Type		Type		Type	
241	Federal	PR-F	\$69,862		
201	State (match)	GPR	\$3,679		
846	Federal	Indirect	\$5,138		
801	State	Indirect	\$271		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>22.35%</u> Base <u>\$24,200</u> Amount <u>\$5,409</u> <input type="checkbox"/> No					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Francis M. Fennessy Signature <i>Francis M. Fennessy</i>		Title: Administrator - Division of Administration and Technology Date <u>August 22, 1996</u>	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <u>Russ Rasmussen</u> Phone <u>6-7329</u>		SAI Number <u>WI 960230-221-N</u>		Date Received <u>8-30-96</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Francis M. Fennessy</u> Date <u>9/3/96</u>		Date Due <u>9-13-96</u>	
COMMENTS:					

66' 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

September 5, 1996

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

Food Stamp Employment and Training
State Application Identifier
Number WI960819-203-N10561XX

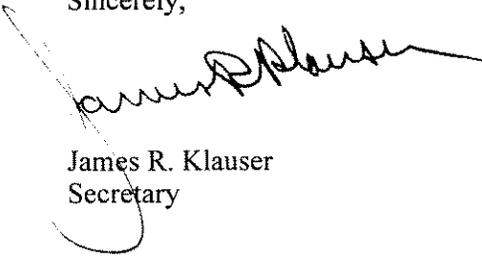
Dear Acting Secretary Wegner:

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.

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

Sincerely,


James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

*Grants for Food Stamp Program
State Administrative Matching*

<p>1 Applicant Agency Dept. of Workforce Development</p>	<p>2 CFDA # 10.561</p>	<p>3 Agency I.D. (Optional)</p>
<p>4 Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Tad Mengesha Phone 266-2710</p>	<p>5 Federal Agency to Receive Request USDA-Food & Consumer Service</p> <p>6 Period of Funding Mo/Day/Year 10-1-96 9-30-98</p> <p>7 Application Due Date Mo/Day/Year 8-15-96</p>	
<p>8 Agency Project Title <u>Food Stamp Employment & Training</u></p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO WFEED</u></p>	<p>10 Area of Impact Counties/States Statewide</p>
<p>11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other</p>	
<p>13 Number of Years Previously Funded 9</p>		All

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$81,573,260

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
FFY 1997			\$				
359/459	Fed	PR-F	\$ 186,592			1.0	Perm
358/458	Fed	PR-F	\$ 40,429,790				
	State/Local		\$ 38,976,996				
FFY 1998			\$				
359/459	Fed	PR-F	\$ 197,869			1.0	Perm
359/459	Fed	PR-F	\$ 40,759,009				
	State/Local		\$ 39,035,796				

15 Indirect Cost Reimbursement
 Yes No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Robert Nikolay Signature <i>Robert Nikolay</i>	Title if other than Agency Secretary Budget Analyst Date 8/14/96
---	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst	<i>Jennifer Sarna</i>	Phone	<i>6-8219</i>	SAI Number	<i>WT-960819-20</i>
Recommendation:	<input checked="" type="checkbox"/> Approve	<input checked="" type="checkbox"/> Approve With Conditions	<input type="checkbox"/> Deny	Date Received	<i>8-19-96</i>
Signature	<i>Jennifer Sarna</i>	Date	<i>8/20/96</i>	Date Due	<i>8-30-96</i>
COMMENTS:					

N
56
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

September 5, 1996

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

Birth to Three Program, State Application
Identifier Number WI960814-194-N00000XX

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
OA-7020(R12/92)

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

1 Applicant Agency Department of Health and Family Services		2 CFDA # _____		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) Division of Supportive Living P.O. Box 7851, Madison, WI 53707		5 Federal Agency to Receive Request Department of Education		7 Application Due Date Mo/Day/Year	
6 Contact Person Beth Wroblewski Phone (608) 267-3270		6 Period of Funding Mo/Day/Year 10/1/96 9/30/97		7 Application Due Date Mo/Day/Year 8/1/96	
8 Agency Project Title Birth to Three Program		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____		10 Area of Impact Counties/States _____ _____ _____	
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 _____		14 Funding, Allotment and Position Data (including Federal indirect costs)			
Total Federal Funds Applied For \$5,553,755		New Positions No. (FTE) Type		Existing Positions No. (FTE) Type	
Numeric Appropriation	Source	Revenue Type	Amount		
641/749	Federal	PRF	\$5,553,755		3.5 Perm.
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No		16 Authorizations Authorized Agency Representative (Type or Print) Richard W. Lorang Signature _____ Date 7-31-96		Title if other than Agency Secretary Deputy Secretary	

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Delegated Review F-05500

SAI Number WF960814-194-N

Reviewing Analyst Ane Jaktansky Phone 4-9506

Date Received 8-14-96

Recommendation: Approve Approve With Conditions Deny

Date Due 8-28-96

Signature Sutchen A. Fassum Date 8/27/96

COMMENTS:

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111

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

September 5, 1996

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

State Criminal Alien Assistance
State Application Identifier Number
WI960829-218-N16572XX

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 black ink, appearing to read "James R. Klauser".

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

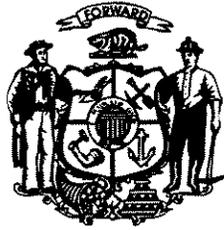
Federal-State Relations Office
101 S. Webster St., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

1 Applicant Agency WISCONSIN DEPARTMENT OF CORRECTIONS		2 CFDA # <u>16 • 572</u>		3 Agency I.D. (Optional) 39-1652221																																																																																									
4 Address (Street/City/State/Zip) 149 E. WILSON STREET P.O. BOX 7925, MADISON, WI 53707-7925 Contact Person MARSHA L. RATHJE Phone (608) 266-8553		5 Federal Agency to Receive Request DEPARTMENT OF JUSTICE		6 Period of Funding Mo/Day/Year <u>10-01-95</u> <u>9-30-96</u>																																																																																									
8 Agency Project Title STATE CRIMINAL ALIEN ASSISTANCE		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>not in Fed</i> <i>Book not Fed</i> <i>All a state list</i>		7 Application Due Date Mo/Day/Year 9-06-96																																																																																									
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 _____		10 Area of Impact Counties/States STATEWIDE																																																																																									
13 Number of Years Previously Funded <u>1</u>		14 Funding, Allotment and Position Data (including Federal indirect costs) <p style="text-align: center;">Total Federal Funds Applied For <u>\$19,241,365</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Numeric Appropriation</th> <th style="width: 15%;">Source</th> <th style="width: 15%;">Revenue Type</th> <th style="width: 15%;">Amount</th> <th style="width: 10%;">New Positions No. (FTE)</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Existing Positions No. (FTE)</th> <th style="width: 10%;">Type</th> </tr> </thead> <tbody> <tr> <td>141</td> <td>FED</td> <td></td> <td>\$ 19,241,365</td> <td>0</td> <td>0</td> <td>NA</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	FED		\$ 19,241,365	0	0	NA					\$								\$								\$								\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																																																						
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No																																																																																													
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) DEPARTMENT OF CORRECTIONS Signature <i>[Signature]</i>		Title if other than Agency Secretary SECRETARY Date 8/28/96																																																																																									
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																													
Reviewing Analyst <u>Roger Fetterly</u>		Phone <u>6-2213</u>		SAI Number <u>WI 960829-218-N11</u>																																																																																									
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>8-29-96</u>		Date Due <u>9-6-96</u>																																																																																									
Signature <u>Roger Fetterly</u>		Date <u>9/4/96</u>		Date Due <u>9-6-96</u>																																																																																									

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

September 5, 1996

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

Substance Abuse Prevention and Treatment Block
Grant, State Application Identifier Number
WI960830-220-N93959XX

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 that reads "James R. Klauser".

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-70200(12/83)

Federal-State Relations Office
101 E. Wilson Street, 6th Floor
P.O. Box 7888
Madison, WI 53787-7888
Telephone 608/267-2125

1 Applicant Agency DEPT OF HEALTH & FAMILY SERVICES		2 CFDA # <u>93 • 959</u>	
4 Address (Street/City/State/Zip) 1 W. WILSON ST., PO BOX 7850 MADISON, WI 53707-7850 Contact Person PHILIP S. McCULLOUGH Phone 608-266-3719		5 Federal Agency to Receive Request	
6 Period of Funding Mo/Day/Year <u>10/01/96</u> <u>09/30/97</u>		7 Application Due Date Mo/Day/Year <u>09/01/96</u>	
8 Agency Project Title SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed 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		10 Area of Impact Counties/States <u>STATEWIDE</u>	
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____			
13 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 <u>\$21,221,065</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
690	FEDERAL	PR-F	\$ 1,137,147			16.25	Perm
744	FEDERAL	PR-F	\$ 7,026,048				
790	FEDERAL	PR-F	\$ 9,703,106				
791	FEDERAL	PR-F	\$ 3,054,764				
358	FEDERAL	PR-F	\$ 300,000				
<u>IN DOC</u>			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 5.0% Base \$570,980 Amount \$28,549 No

16 Authorizations <input 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 8-25-96
--	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Gretchen Fossheim Phone 6-2284 SAI Number WI 960830-290
 Recommendation: Approve Approve With Conditions Deny Date Received 8/30/96
 Signature Gretchen A. Fossheim Date 8/30/96 Date Due 8/30/96

COMMENTS:



TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

September 9, 1996

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

Wildlife Conservation and Appreciation
(Partnerships for Wildlife Act Implementation),
State Application Identifier Number
W1960830-222-N15617XX

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 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

Appreciation
Wildlife Conservation +

1 Applicant Agency Dept. of Natural Resources			2 CFDA # <u>15 • 617</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) P.O. Box 7921 Madison, WI 53707 Contact Person Thomas Niebauer Phone 266-5893			5 Federal Agency to Receive Request U.S. Fish & Wildlife Service			6 Period of Funding Mo/Day/Year DOA 9/30/96
8 Agency Project Title Partnerships for Wildlife Act Implementation			9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No use</u> <u>EG</u> All		7 Application Due Date Mo/Day/Year 9-1-96	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Statewide		13 Number of Years Previously Funded <u>2</u>
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$177,494</u>						
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
181	Federal	PR-F	\$ 177,494			
161	State	Seg.	\$ 159,194			Approx. 4.5 FTE
	Other		\$ 159,194			
			\$			
			\$			
			\$			
			\$			
			\$			
15 Indirect Cost Reimbursement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Federal rules state that indirect costs are not eligible. Rate _____ Base _____ Amount _____						
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc Fennessy, Administrator Signature <u>Franc Fennessy</u>		Title if other than Agency Secretary Admin. & Technology Div. Date <u>August 22, 1996</u>		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY						
Reviewing Analyst <u>Kirsten Grinde</u> Phone _____			SAI Number <u>WI 960830-222-N</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received <u>8-30-96</u>		Date Due <u>9-13-96</u>	
Signature <u>Kirsten M. Grinde</u> Date <u>9/4/96</u>						

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