

1995-96 SESSION
COMMITTEE HEARING
RECORDS

Committee Name:

Joint Committee on
Finance (JC-Fi)

Sample:

Record of Comm. Proceedings ... RCP

- 05hrAC-EdR_RCP_pt01a
- 05hrAC-EdR_RCP_pt01b
- 05hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

➤ **

➤ Miscellaneous ... Misc

➤ 95hrJC-Fi_Misc_pt89

➤ Record of Comm. Proceedings ... RCP

➤ **

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

July 25, 1995

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

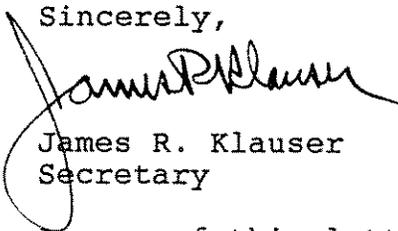
Water Pollution Control-Research,
Development and Demonstration (Fifth
National Citizens Volunteer Monitoring
Conference), State Application Identifier
Number WI950717-203-N66505XX

Dear Mr. Bazzell:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

** Demo*
Water Pollution Control - Res. Dev.

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.505	3 Agency I.D. (Optional) <i>606</i>																																																																				
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921		5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																					
Contact Person Ed Boebel Phone 608/266-9252		6 Period of Funding Mo/Day/Year 10/01/95 12/31/96	7 Application Due Date Mo/Day/Year 07/14/95																																																																				
8 Agency Project Title Fifth National Citizens Volunteer Monitoring Conference		9 Executive Order T237? Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: <i>NO</i> Dates: <i>WT</i> <i>EO</i>																																																																					
10 Area of Impact Counties/Stages 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: 0		<i>7/12/95</i> All																																																																					
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																							
Total Federal Funds Applied For <u>\$80,244</u>																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$73,508</td> <td>.75</td> <td>PROJ-05</td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$6,736</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Local</td> <td></td> <td>\$6,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Private</td> <td></td> <td>\$33,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	241	Federal	PR-F	\$73,508	.75	PROJ-05			846	Federal	PR-F	\$6,736						Local		\$6,000						Private		\$33,000								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																													
				No. (FTE)	Type	No. (FTE)	Type																																																																
241	Federal	PR-F	\$73,508	.75	PROJ-05																																																																		
846	Federal	PR-F	\$6,736																																																																				
	Local		\$6,000																																																																				
	Private		\$33,000																																																																				
			\$																																																																				
			\$																																																																				
			\$																																																																				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$28,933</u> Amount <u>\$6,736</u> <input type="checkbox"/> No																																																																							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature: <i>Darrell Bazzell</i> Title if other than Agency Secretary Administrator - OPA Date: <i>7/10/95</i>																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																							
Reviewing Analyst: <i>Russ Rasmussen</i> Phone: <i>6-7993</i>		SAI Number: <i>WT950717-203-N</i>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received: <i>7-17-95</i>																																																																					
Signature: <i>Russ Rasmussen</i> Date: <i>7/24/95</i>		Date Due: <i>7-31-95</i>																																																																					
COMMENTS:																																																																							

lep 505

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

July 25, 1995

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

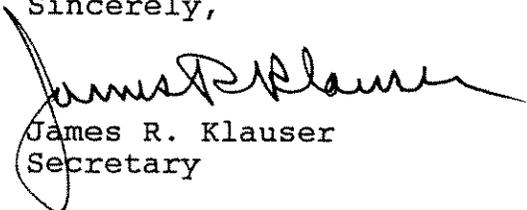
Wisconsin Charter School Program,
State Application Identifier Number
WI950620-180-N84282XX

Dear Superintendent Benson:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Wisconsin Department of Public Instruction				2 CFDA # <u>84 • 282</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 125 S. Webster Street P. O. Box 7841 Madison, WI 53707 Contact Person Tom Stefonek Phone 608-266-5728				5 Federal Agency to Receive Request U. S. Department of Education			
8 Agency Project Title Wisconsin Charter School Program				6 Period of Funding Mo/Day/Year <u>11/1/95</u>		7 Application Due Date Mo/Day/Year <u>6/16/95</u>	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified				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>not in Fed</u> <u>Back on State</u> <u>List</u> All	
13 Number of Years Previously Funded <u>0</u>				10 Area of Impact Counties/States Statewide			
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$515,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
141	Fed. Admin.	Federal	\$ 25,750				
241	Fed. Aids	Federal	\$ 489,250				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>Fixed</u> Base <u>6.2</u> Amount <u>\$1,596.50</u> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) John T. Benson Signature <u>[Signature]</u>			Title if other than Agency Secretary State Superintendent Date <u>6/13/95</u>		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Rob Kramer</u>		Phone <u>6-1923</u>		SAI Number <u>WI950620-180-N</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>6-20-95</u>		<u>8/28</u>			
Signature <u>[Signature]</u>		Date <u>7-24-95</u>		Date Due <u>7-3-95</u>			
COMMENTS:							
<input checked="" type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet							

STATE OF WISCONSIN

DEPARTMENT OF ADMINISTRATION

1000 East Wilson Street, Madison, Wisconsin



Mailing Address:

Post Office Box 7864

Madison, WI 53707-7864

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

July 20, 1995

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

State Administrative Matching Grants
for Food Stamp Program, State Application
Identifier Number WI950619-179-N10561XX

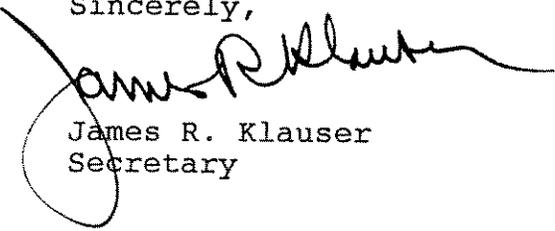
Dear Acting Secretary Lorang:

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

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

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

Sincerely,


James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DAA-7020(R12/92)

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

*for Food Stamp Program
State Administrative Matching Grants*

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>1 0 . 5 6 1</u>	
4 Address (Street/City/State/Zip) 1 West Wilson Street Madison, Wisconsin 53703 Contact Person Valery Buechner Phone 266-3362		5 Federal Agency to Receive Request USDA, Food & Consumer Service	
8 Agency Project Title Food Stamp Outreach Plan		6 Period of Funding Mo/Day/Year 10-01-95 9-30-96	7 Application Due Date Mo/Day/Year 6/15/95
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No</u> <u>not</u> _____ <u>ED</u> _____ All	
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input 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 \$119,753

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
444	Federal	PRF	\$ 119,753	0.750	Project		
479	State	GPR	\$ 105,000				
401	State	GPR	\$ 15,800	0.375	Project		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 11.6% Base \$8,400 Amount \$975 No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Acting Secretary
Signature <i>Richard W. Lorang</i>	Date 6-12-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Annex Sajie Phone 608-267-19 SAI Number WI950619-179-N
 Recommendation: Approve Approve With Conditions Deny Date Received 6-19-95
 Signature Annex Sajie Date 7/11/95 Date Due 7-3-95

10
56

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

July 20, 1995

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

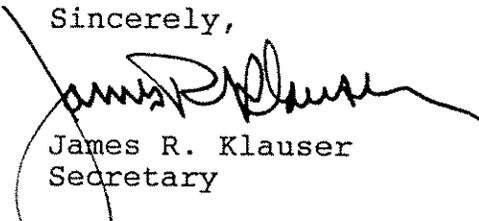
Water Pollution Control-Research,
Development and Demonstration (Great
Lakes Fish & Wildlife Habitat Projects),
State Application Identifier Number
WI950717-202-N66505XX

Dear Mr. Bazzell:

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

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

Sincerely,



James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

Demo.
Water Pollution Control - Res. Dev

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.505	3 Agency I.D. (Optional) 601																																																																				
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Ed Boebel Phone 608/266-9252		5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																					
6 Period of Funding Mo/Day/Year 09/01/95 09/30/97		7 Application Due Date Mo/Day/Year 07/01/95																																																																					
8 Agency Project Title Great Lakes Fish & Wildlife Habitat Projects		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No WI EO</i>	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		7/12/95 AIE																																																																					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$43,300</u>																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$38,565</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$4,735</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>219</td> <td>State</td> <td>GPR</td> <td>\$2,031</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$249</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	241	Federal	PR-F	\$38,565					846	Federal	PR-F	\$4,735					219	State	GPR	\$2,031					801	State	GPR	\$249								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																													
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241	Federal	PR-F	\$38,565																																																																				
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801	State	GPR	\$249																																																																				
			\$																																																																				
			\$																																																																				
			\$																																																																				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$21,409</u> Amount <u>\$4,984</u> <input type="checkbox"/> No																																																																							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>	Title if other than Agency Secretary Administrator - OPA Date <i>7/11/95</i>																																																																				

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Russell Rasmussen - 7973* SAI Number: *WI950717-20-N*

Recommendation: Approve Approve With Conditions Deny Date Received: *7-17-95* *66*

Signature: *Russell Rasmussen* Date: *7/18/95* Date Due: *7-31-95* *506*

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

May 24, 1995

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

School Breakfast Program (Start-up
Grant), State Application Identifier
Number WI950504-117-N10553XX

Dear Superintendent Benson:

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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 Wisconsin Department of Public Instruction		2 CFDA # <u>1 0 • 5 5 3</u>	3 Agency I.D. (Optional)					
4 Address (Street/City/State/Zip) P.O. Box 7841, Madison, WI 53707 Contact Person Richard Mortensen Phone 608/266-3509		5 Federal Agency to Receive Request U.S. Department of Agriculture						
8 Agency Project Title School Breakfast Program (Start-up Grant)		6 Period of Funding Mo/Day/Year 10/01/95 09/30/96	7 Application Due Date Mo/Day/Year 4/30/95					
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>ho ut EO</u> All						
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Statewide--WI						
13 Number of Years Previously Funded _____								
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$41,983</u>								
	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
	141	Federal	PR-F	\$ 41,983	N/A		N/A	
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
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) John T. Benson Signature <u>[Signature]</u>			Title if other than Agency Secretary State Superintendent Date April 28, 1995		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY								
Reviewing Analyst <u>Rob Croner</u> Phone <u>6-1923</u>			SAI Number <u>WT 9.50504-11</u>			7-N		
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received <u>5-4-95</u>			10553		
Signature <u>[Signature]</u> Date <u>5-19-95</u>			Date Due <u>5-18-95</u>					

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

Health Program for Toxic Substance Disease Registry

1 Applicant Agency: Wisconsin Department of Health & Soc Serv

2 CFDA # 93-161

3 Agency LO (Optional):

4 Address (Street/City/State/Zip):
1 West Wilson Street, P.O. Box 309
Madison WI 53701
Contact Person: Thomas Anderson Phone 266-7089

5 Federal Agency to Receive Request: Agency for Toxic Substances & Disease Registry

6 Period of Funding Mo/Day/Year: 09/30/95
09/29/96

7 Application Due Date Mo/Day/Year: 05/19/95

8 Agency Project Title: Surveillance of Hazardous Substances Emergency Events

9 Executive Order 12372 Review Required: Yes No
Cleaninghouses: Notified Dates: No WT

10 Area of Impact Counties/States: Statewide

11 Type of Application: New Grant Amendment to Current Grant Continuation-Unchanged Continuation-Modified

12 Type of Assistance: Grant Formula Discretionary Other Cooperative Agreement

13 Number of Years Previously Funded: 4

14 Funding, Allotment and Position Data (including Federal indirect costs):
Total Federal Funds Applied For: 73,081

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 73,081			1.0	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement: Yes Rate 13.2 Base 35,069 Amount 4,629 No

16 Authorizations: Delegated Review

Authorized Agency Representative (Type or Print): Richard W. Lorang
Signature: *Richard W. Lorang*
Title if other than Agency Secretary: Acting Secretary
Date: 5-16-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Ave Jablonsky* Phone: *7-9546* SAI Number: *WI 950525-38*

Recommendation: Approve Approve With Conditions Deny

Signature: _____ Date: _____ Date Received: *5-25-95* Date Due: *Dec 95*

COMMENTS:

38 N 93 161 XX

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

May 24, 1995

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

Public Library Services (LSCA-
Title I and III), State Application
Identifier Number WI950508-122-N84034(5)XX

Dear Superintendent Benson:

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
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 Wisconsin Department of Public Instruction	2 8 4 0 3 4 CFDA # 8 4 • 0 3 5	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 125 S Webster, PO Box 7841 Madison, WI 53707-7841 Contact Person Peg Branson Phone (608) 266-2413	5 Federal Agency to Receive Request U.S. Department of Education	
8 Agency Project Title Library Services and Construction Act (LSCA) Titles I and III	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WI EO 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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States State _____
13 Number of Years Previously Funded 40		

Public

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,565,000 (LSCA I)</u> + <u>446,000 (LSCA III)</u>						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
EQ	Federal	PR-F	\$ 1,140,208			9.25 Perm (6 LTE)
ES	Federal	PR-F	\$ 870,792			
DN	State(Match)	GPR	\$ 1,380,682			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

15 Indirect Cost Reimbursement
 Yes Rate 6.2 Base \$716,203 Amount \$44,404 No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) John T. Benson	Title if other than Agency Secretary State Superintendent
Signature <i>John T Benson</i>	Date 5/1/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Rob Cramer Phone 6-1923 SAI Number WI 950508-102-N
 Recommendation: Approve Approve With Conditions Deny Date Received 5-8-95
 Signature [Signature] Date 5/19/95 Date Due 5-23-95

84034
(5)
XX

COMMENTS:

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

June 6, 1995

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

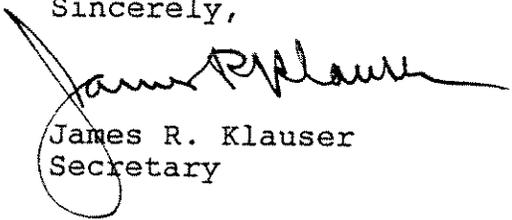
Preliminary Consolidated State Plan-
Improving America's Schools Act of 1994,
State Application Identifier Number
WI950601-143-N00000XX

Dear Superintendent Benson:

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

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

Sincerely,


James R. Klauser
Secretary

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

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

June 6, 1995

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

Hazardous Substance Response Trust
Fund (Superfund-Support Agency),
State Application Identifier Number
WI950503-114-N66802XX

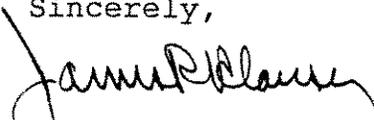
Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
Form 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

*Trust Fund
Hazardous Substance Response*

1 Applicant Agency Department of Natural Resources		2 CFDA# 66802		3 Agency I.D. (Optional) <i>570</i>																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Dick Kalnicky Phone 608/267-7554		5 Federal Agency to Receive Request U.S. EPA, Region V																																																																							
		6 Period of Funding Mo/Day/Year 7/1/95 3/31/97		7 Application Due Date Mo/Day/Year 6/1/95																																																																					
8 Agency Project Title Superfund--Support Agency		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs WF</i> <i>EC</i>		10 Area of Impact Counties/States State of Wisconsin																																																																					
11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																																							
13 Number of Years previously funded: 4		X AIE <i>4/24/95</i>																																																																							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$25,168</u>																																																																									
<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>02-241</td> <td>FED</td> <td>PRF</td> <td>\$21,332</td> <td>0.0</td> <td></td> <td>0.0</td> <td></td> </tr> <tr> <td>02-846</td> <td>Indirect</td> <td>PRF</td> <td>\$3,836</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>74-275</td> <td>State</td> <td>SEG</td> <td>\$11,254</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <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	02-241	FED	PRF	\$21,332	0.0		0.0		02-846	Indirect	PRF	\$3,836					74-275	State	SEG	\$11,254																																				
Appropriation	Source	Revenue Type	Amount	New Positions						Existing Positions																																																															
				No. (FTE)	Type	No. (FTE)	Type																																																																		
02-241	FED	PRF	\$21,332	0.0		0.0																																																																			
02-846	Indirect	PRF	\$3,836																																																																						
74-275	State	SEG	\$11,254																																																																						
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$16,477</u> Amount <u>\$3,836</u> <input type="checkbox"/> No																																																																									
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>		Title if other than Agency Secretary Administrator/OPA Date <i>4/24/95</i>																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																									
Reviewing Analyst <i>Russ Kasmussen</i> Phone <i>608-329</i>		SAI Number <i>WI950503-114-N66</i>																																																																							
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>5-3-95</i>		Date Due <i>5-17-95</i>																																																																					
Signature <i>Russ Kasmussen</i>		Date <i>5/4/95</i>		<i>802</i> <i>XX</i>																																																																					

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

June 6, 1995

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

Cooperative Forestry Assistance
(Gypsy Moth Eradication Project-1995),
State Application Identifier
Number WI950420-097-N10664ZZ

Dear Secretary Tracy:

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

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

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

Sincerely,

A handwritten signature in cursive script that reads "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

Budget & BLRPC
Cooperative Forestry Assistance

1 Applicant Agency <i>WI Dept. of Agriculture, Trade & Consumer Protection</i>	2 CFDA # <i>10.664</i>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) <i>2811 Agriculture Drive Madison, WI 53708-8911 Contact Person Barb Stalker Phone 608-224-4660</i>	5 Federal Agency to Receive Request <i>USDA - Forest Service</i>	
8 Agency Project Title <i>(Gypsy Moth Eradication Project - 1995)</i>	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>roads WI</i> <i>EC</i> <i>All</i>	7 Application Due Date Mo/Day/Year <i>N/A</i>
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 <i>Northern and Eastern Counties</i> <i>NWRPC</i> <i>NCRPC</i> <i>LCRPC</i> <i>SEWRPC</i>
13 Number of Years Previously Funded <i>4+</i>		

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For *\$ 631,812*

Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<i>1G</i>	<i>Federal</i>	<i>PR-F</i>	<i>\$ 607,891</i>				
<i>4K</i>	<i>Federal</i>	<i>PR-F</i>	<i>\$ 23,921</i>	<i>(Indirect)</i>			
<i>12</i>	<i>State</i>	<i>Seg</i>	<i>\$ 489,553</i>				
		<i>TOTAL</i>	<i>\$1,121,365</i>				

15 Indirect Cost Reimbursement
 Yes Rate *21.94%* Base *109,022* Amount *23,921* No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <i>Elizabeth Kohl</i>	Title if other than Agency Secretary <i>Deputy Secretary</i>
	Signature <i>Elizabeth Kohl</i>	Date <i>4-10-95</i>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Judy Jugenheimer* Phone *6-7597* SAI Number *WI950420-017N*

Recommendation: Approve Approve With Conditions Deny Date Received *4-20-95* *10604*

Signature *Russell Emmsen* Date *4-28-95* Date Due *5-4-95* *82*

COMMENTS:

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

Temporary Child Care & Crisis Nurseries

1 Applicant Agency Dept. of Health & Social Services		2 CFDA # <u>93-656</u>		3 Agency I.D. (Optional)																																																																																	
4 Address (Street/City/State/Zip) 1 West Wilson Street Madison, Wisconsin 53707 Contact Person Ruby Snowden Phone 414/227-4613		5 Federal Agency to Receive Request DH&HS; Admin. for Children & Families		7 Application Due Date Mo/Day/Year 5/31/95																																																																																	
8 Agency Project Title Respite Child Care for Children with Disabilities and Chronically-Ill Children		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no fed EO</i>		10 Area of Impact Counties/States Milwaukee																																																																																	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		13 Number of Years Previously Funded <u>1</u>																																																																																	
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$200,000</u>																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Appropriation</th> <th>Source</th> <th>Revenue Type</th> <th>Amount</th> <th>New Positions No. (FTE)</th> <th>New Positions Type</th> <th>Existing Positions No. (FTE)</th> <th>Existing Positions Type</th> </tr> </thead> <tbody> <tr> <td>741</td> <td>Federal</td> <td>PR-F</td> <td>\$200,000</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>						Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	New Positions Type	Existing Positions No. (FTE)	Existing Positions Type	741	Federal	PR-F	\$200,000	---		---					\$								\$								\$								\$								\$								\$								\$								\$				
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	New Positions Type	Existing Positions No. (FTE)	Existing Positions Type																																																																														
741	Federal	PR-F	\$200,000	---		---																																																																															
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																																					
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>[Signature]</i>		Title if other than Agency Secretary Acting Secretary Date <u>5-26-95</u>																																																																																	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																					
Reviewing Analyst <i>Bretchen Josselyn</i>		SAI Number <u>WI 950609-153-N</u>		Date Received <u>6-9-95</u>																																																																																	
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature _____		Date Due <u>Dec 12 93</u>																																																																																	
COMMENTS:																																																																																					

*93
65
YU*

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

June 6, 1995

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

Public Library Construction
(LSCA, Title II) State Application
Identifier Number WI950508-123-N84154

Dear Superintendent Benson:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

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

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

June 6, 1995

Carol Skornicka
Department of Industry, Labor
and Human Relations
201 E. Washington Avenue
Madison, WI 53707

Telecommunications and Information
Infrastructure Assistance (UC
Reporting Via Internet), State
Application Identifier Number
WI950425-107-N11552XX

Dear Secretary Skornicka:

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

3/18/95

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

Infrastructure Assistance Program
Telecommunications Information

<p>1 Applicant Agency Dept. of Industry, Labor & Human Relations</p>	<p>2 CFDA # 1 1 . 5 5 2</p>	<p>3 Agency I.D. (Optional) VAR 16-96</p>
<p>4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Bill Weber Phone 608-266-8220</p>	<p>5 Federal Agency to Receive Request U. S. Dept. of Commerce</p>	
	<p>6 Period of Funding Mo/Day/Year 10\15\1995 05\01\1997</p>	<p>7 Application Due Date Mo/Day/Year 4\20\1995</p>
<p>8 Agency Project Title U C Reporting via Internet</p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No UFE</i></p>	<p>10 Area of Impact Counties/States Statewide</p>
<p>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other</p>	
<p>13 Number of Years Previously Funded None</p>		

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$311,049

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
151	Federal	PR-F	\$ 309,195			2.00	Various
153	Federal	PR-F	\$ 1,854				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate .0097 Base \$191,031 Amount \$1,854 No

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Bill Weber Signature <i>Bill Weber</i>	Title if other than Agency Secretary Budget Analyst Date <i>April 21, 1995</i>
---	---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Colando Camp</i> Phone <i>0-1103</i> Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature <i>[Signature]</i> Date <i>4/25/95</i>	SAI Number <i>WT950425</i> Date Received <i>4-25-95</i> Date Due <i>5-9-95</i>	COMMENTS: <div style="text-align: right;"> <p>107 N 11 550 XX</p> </div>
---	--	---

Comments Continued on Reverse or on a Separate Sheet

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

June 6, 1995

The Honorable James Doyle
Attorney General
Wisconsin Department of Justice
123 West Washington Avenue
Madison, WI 53703

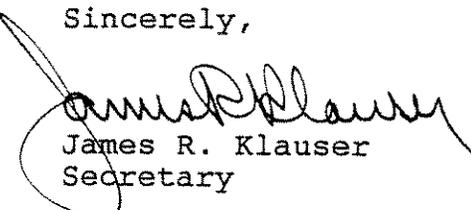
State Medicaid Fraud Control Unit,
State Application Identifier Number
WI950601-142-N93775XX

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 Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Department of Justice		2 CFDA # <u>13-775</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 114 East-State Capitol Madison, WI 53702 Contact Person Juan Colas Phone (608) 264-6360		5 Federal Agency to Receive Request Department of Health & Human Services			
8 Agency Project Title State medicaid Fraud Control Unit		6 Period of Funding Mo/Day/Year 10/01/95 09/30/96		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		12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Other		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed EO All	
13 Number of Years Previously Funded <u>16</u>		10 Area of Impact Counties/States State of Wisconsin			
14 Funding, Allotment and Position Data (including Federal indirect costs)					
Total Federal Funds Applied For _____					
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)
141	Federal	PR-F	\$ 443,383		6.75 Perm
348 Indir	Federal	PR-F	\$ 31,923		--- ---
101	State	GPR	\$ 147,794		2.25 Perm
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>10.0%</u> Base <u>\$319,239</u> Amount <u>\$31,923</u> <input type="checkbox"/> No					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) James E. Doyle Signature <i>James E. Doyle</i>		Title if other than Agency Secretary Attorney General Date 5/30/95	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <u>Regina Frank-Reece</u> Phone <u>6-8270</u>		SAI Number <u>W1950601-142-NR375X</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>6-1-95</u>			
Signature <u>Regina Frank-Reece</u> Date <u>6-5-95</u>		Date Due <u>6-16-95</u>			
COMMENTS:					

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

June 5, 1995

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

Hazardous Waste Management Program
State Application Identifier Number
WI950412-086-N66801XX

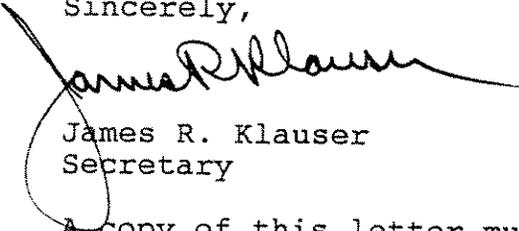
Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
Form 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# 66801		3 Agency I.D. (Optional) <i>568</i>																																																													
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 10/1/94 9/30/95		7 Application Due Date Mo/Day/Year 9/1/94																																																													
8 Agency Project Title <i>State</i> Hazardous Waste Management Program		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>needs WI</i> <i>EU</i>		10 Area of Impact Counties/States State of Wisconsin																																																													
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13 Number of Years previously funded: 16		x All: <i>4/10/95</i>																																																															
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$2,306,113</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>\$1,823,929</td> <td></td> <td></td> <td>38.5</td> <td>Perm</td> </tr> <tr> <td>02-341</td> <td>Fed RCRA</td> <td>PRF</td> <td>\$90,000</td> <td></td> <td></td> <td>2</td> <td>Perm</td> </tr> <tr> <td>02-846</td> <td>Indirect</td> <td>PRF</td> <td>\$392,184</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02-221</td> <td>S/HW Fees</td> <td>PR</td> <td>\$195,000</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>\$462,234</td> <td><i>592,962</i></td> <td></td> <td>1.25</td> <td>Perm</td> </tr> <tr> <td>02-801</td> <td>GPR</td> <td>GPR</td> <td>\$130,728</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	\$1,823,929			38.5	Perm	02-341	Fed RCRA	PRF	\$90,000			2	Perm	02-846	Indirect	PRF	\$392,184					02-221	S/HW Fees	PR	\$195,000			3.5	Perm.	02-201	GPR	GPR	\$462,234	<i>592,962</i>		1.25	Perm	02-801	GPR	GPR	\$130,728				
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02-801	GPR	GPR	\$130,728																																																														
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$2,246,188</u> Amount <u>\$522,912</u> <input type="checkbox"/> No																																																																	
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>		Title if other than Agency Secretary Administrator/OPA Date <i>4/5/95</i>																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																	
Reviewing Analyst <u>Russ Rasmussen</u> Phone <u>6-7329</u> SAI Number <u>WI95042-086-N</u>																																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date Received <u>4-12-95</u>																																																																	
Signature <u>Russell Rasmussen</u> Date <u>4/27/95</u> Date Due <u>4-30-95</u>																																																																	

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801
XX

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

May 24, 1995

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

School Breakfast Program (Expansion
Grant), State Application Identifier
Number WI950504-118-N10553XX

Dear Superintendent Benson:

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

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

Sincerely,

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

James R. Klauser
Secretary

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

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

May 25, 1995

Carol Skornicka
Department of Industry, Labor
and Human Relations
201 E. Washington Avenue
Madison, WI 53707

Vocational Education-State Councils
(Carl Perkins Act, Section 112),
State Application Identifier Number
WI950505-119-N84053XX

Dear Secretary Skornicka:

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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

Vocational Ed. - State Councils

<p>1 Applicant Agency Wisconsin Dept. of Industry, Labor & Human Relations</p> <p>4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person June Suhling Phone 266-2439</p> <p>8 Agency Project Title Carl Perkins Act, Section 112</p> <p>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified </p> <p>13 Number of Years Previously Funded -0-</p>	<p>2 CFDA # 8 4 . 0 5 3</p> <p>3 Agency I.D. (Optional)</p> <p>5 Federal Agency to Receive Request U. S. Dept. of Education (OVAE)</p> <p>6 Period of Funding Mo/Day/Year 7/01/95 6/30/96</p> <p>7 Application Due Date Mo/Day/Year 6/1/95</p> <p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates Not selected for review in Wis. </p> <p>10 Area of Impact Counties/Stages Statewide</p>
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14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$197,103

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR-F	\$ 197,103	0	0	0	0
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Tom Dichraff	Title if other than Agency Secretary DILHR Budget Analyst
Signature <i>Tom Dichraff</i>	Date 5/1/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature: <i>[Signature]</i> COMMENTS:	Phone: 6-1103 Date: 5/23/95	SAI Number: WI950505-119- Date Received: 5-5-95 Date Due: 5-19-95
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