

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\_pt111b

➤ Record of Comm. Proceedings ... RCP

➤ \*\*

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

May 29, 1997

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

Tuberculosis Disease Control  
State Application Identifier  
Number WI970520-130-N93116XX

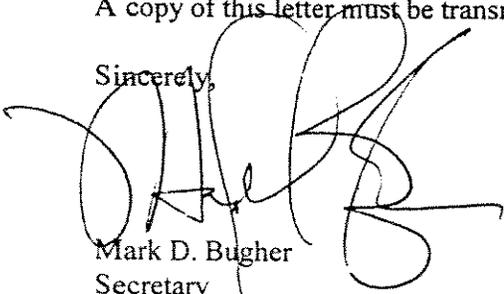
Dear Secretary Leean:

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,

  
Mark D. Bugher  
Secretary



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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

September 24, 1997

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

OSHA Consultation Agreements,  
State Application Identifier Number  
WI970828-233-N17504XX

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 large, stylized handwritten signature in black ink, appearing to be 'M. Bugher', written over the typed name and title.

Mark D. Bugher  
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 608/257-2125

|  |   |  |
|--|---|--|
| <b>1</b> Applicant Agency<br>Dept of Health & Family Services  | <b>2</b> CFDA # <u>17.500</u>   | <b>3</b> Agency I.D. (Optional)  |
| <b>4</b> Address (Street/City/State/Zip)<br>Section of Occupational Health<br>1414 E. Washington Ave., Rm. 112<br>MADISON WI 53703<br>Contact Person<br>Terry E. Moen, Chief Phone 608-266-8579  | <b>5</b> Federal Agency to Receive Request  |  |
|  | <b>6</b> Period of Funding Mo/Day/Year<br><u>10-01-97</u><br><u>09-30-98</u>  | <b>7</b> Application Due Date<br>Mo/Day/Year<br><u>07-25-1997</u>                      |
| <b>8</b> Agency Project Title<br><u>OSHA consultation Agreements</u>   | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>No Fed. EO</u><br>_____<br>_____<br>_____ All |  |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | <b>12</b> Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other <u>Contract</u>  | <b>10</b> Area of Impact<br>Counties/States<br><u>All counties</u><br><u>Statewide</u> |
| <b>13</b> Number of Years Previously Funded _____  |   |  |

| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>\$755,000</u> |             |              |            |                         |      |                              |      |
|---|-------------|--------------|------------|-------------------------|------|------------------------------|------|
| Numeric Appropriation   | Source      | Revenue Type | Amount     | New Positions No. (FTE) | Type | Existing Positions No. (FTE) | Type |
| 149   | Federal     | PRF          | \$ 755,000 |                         |      | 10.3                         | Perm |
| 101   | State Match | GPR          | \$ 82,778  |                         |      | 1.2                          | Perm |
|   |             |              | \$         |                         |      |                              |      |
|   |             |              | \$         |                         |      |                              |      |
|   |             |              | \$         |                         |      |                              |      |
|   |             |              | \$         |                         |      |                              |      |
|   |             |              | \$         |                         |      |                              |      |
|   |             |              | \$         |                         |      |                              |      |

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

|   |  |   |
|---|--|---|
| <b>16</b> Authorizations<br><br><input type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print)<br><u>Richard W. Lorang</u><br>Signature <u>[Signature]</u> | Title if other than Agency Secretary<br><u>Deputy Secretary</u><br>Date<br><u>8-12-97</u> |
|---|--|---|

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

|  |                                  |
|--|----------------------------------|
| Reviewing Analyst <u>Sue Jablonsky</u> Phone <u>7-9546</u>   | SAI Number <u>WI970828-233-1</u> |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Received <u>8/28/97</u>     |
| Signature <u>S. Jablonsky</u> Date <u>9/23/97</u>  | Date Due <u>9/11/97</u>          |

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

September 24, 1997

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

Emergency Food Assistance Program,  
State Application Identifier Number  
WI961216-302-N10568XX

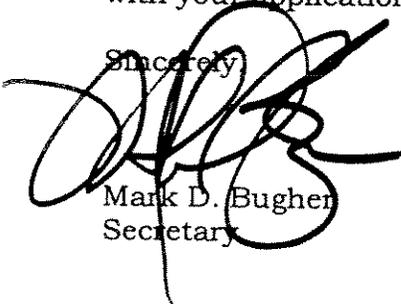
Dear Secretary Leean:

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,



Mark D. Bugher  
Secretary

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1 Applicant Agency<br><b>Dept of Health and Family Services</b>   |  | 2 CFDA # <b>10 • 568</b>  |  | 3 Agency I.D. (Optional)                                 |  |
| 4 Address (Street/City/State/Zip)<br><b>1 W Wilson Street<br/>Madison, WI 53702</b>   |  | 5 Federal Agency to Receive Request<br><b>USDA, Food and Consumer Service (FCS)</b>   |  | 7 Application Due Date<br>Mo/Day/Year                    |  |
| Contact Person<br><b>Valery Buechner</b> Phone <b>608/266-3362</b>  |  | 6 Period of Funding Mo/Day/Year<br><b>10/1/96</b><br><b>9/30/97</b>   |  |  |  |
| 8 Agency Project Title<br><b>The Emergency Food Assistance Program (TEFAP)</b>  |  | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    |  | 10 Area of Impact<br>Counties/States<br><b>Statewide</b> |  |
| 11 Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input checked="" type="checkbox"/> Continuation-Modified |  | 12 Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other <u>Plan</u> |  | Clearinghouses: Notified Dates<br><b>No WI EO</b>        |  |
| 13 Number of Years Previously Funded <u>more than 5</u>   |  | All   |  |  |  |

| 14 Funding, Allotment and Position Data (including Federal indirect costs)<br>-- \$650,610 |         |              |            |                         |      |                                   |
|--|---------|--------------|------------|-------------------------|------|-----------------------------------|
| Total Federal Funds Applied For  |         |              |            |                         |      |                                   |
| Numeric Appropriation  | Source  | Revenue Type | Amount     | New Positions No. (FTE) | Type | Existing Positions No. (FTE) Type |
| 641  | Federal | PR-F         | \$ 171,846 |                         |      |                                   |
| 741  | Federal | PR-F         | \$ 478,764 |                         |      | 1.5 Perm                          |
| 601  | State   | GPR          | \$ 150,000 |                         |      |                                   |
| 708  | State   | GPR          | \$ 170,000 |                         |      |                                   |
|  |         |              | \$         |                         |      |                                   |
|  |         |              | \$         |                         |      |                                   |
|  |         |              | \$         |                         |      |                                   |
|  |         |              | \$         |                         |      |                                   |

|  |   |
|--|---|
| 15 Indirect Cost Reimbursement<br><input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No |   |
| 16 Authorizations<br><input type="checkbox"/> Delegated Review   | Authorized Agency Representative (Type or Print)<br><b>Richard W. Lorang</b><br>Signature <i>Richard W. Lorang</i><br>Date <b>12-2-96</b> |
| Title if other than Agency Secretary<br><b>Deputy Secretary</b>  |   |

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Gretchen Fossam Phone 266-2588 SAI Number WI-96/216-302-N1

Recommendation:  Approve  Approve With Conditions  Deny Date Received 12-16-96 56

Signature Gretchen A. Fossam Date 9/23/97 Date Due 12-30-96 X

COMMENTS:

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

September 24, 1997

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

Emergency Medical Services for Children  
(Improving EMS for Children State Partnership  
Project), State Application Identifier Number  
WI970917-259-N93127XX

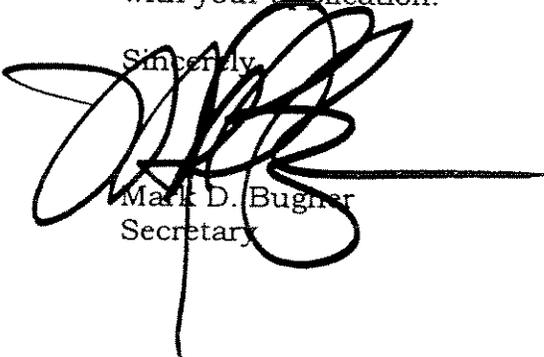
Dear Secretary Leean:

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,

  
Mark D. Bugher  
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

Emergency Medical Services for Children

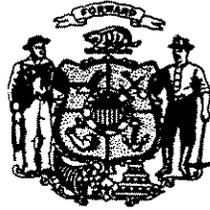
|               |  |  |   |                                      |                              |
|---------------|--|--|---|--------------------------------------|------------------------------|
| 1             | Applicant Agency<br>Dept. of Health and Family Services  | 2  | CFDA # 9 3 . 1 2 7  |                                      |                              |
| 4             | Address (Street/City/State/Zip)<br>1 West Wilson, P. O. Box 7050<br>Madison, WI 53701<br>Contact Person<br>Jon Morgan Phone (608)266-  | 5  | Federal Agency to Receive Request<br>Health Resources & Services Adm (DWHHS)  |                                      |                              |
| 6             | Period of Funding Mo/Day/Year<br>10/1/97<br>9/30/99  | 7  | Application Due Date<br>Mo/Day/Year<br>9/4/97   |                                      |                              |
| 8             | Agency Project Title<br>Improving EMS for Children State Partnership Project   | 9  | Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>No</u> <u>WIEO</u> | 10                                   | Area of Impact<br>State-wide |
| 11            | Type of Application<br><input checked="" type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | 12   | Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other   |                                      |                              |
| 13            | Number of Years Previously Funded  | 0  | All   |                                      |                              |
| 14            | Funding, Allotment and Position Data (including Federal indirect costs)  |  |   |                                      |                              |
|               |  | Total Federal Funds Applied For                  |   |                                      | \$75,000                     |
|               |  | Numeric  |   | New Positions                        |                              |
| Appropriation | Source   | Revenue Type                                     | Amount  | No. (FTE)                            | Type                         |
| 149           | Federal  | PRF  | \$ 75,000   | 1.0                                  | Proj                         |
|               |  |  | \$  |                                      |                              |
|               |  |  | \$  |                                      |                              |
|               |  |  | \$  |                                      |                              |
|               |  |  | \$  |                                      |                              |
|               |  |  | \$  |                                      |                              |
|               |  |  | \$  |                                      |                              |
|               |  |  | \$  |                                      |                              |
|               |  |  | \$  |                                      |                              |
|               |  |  | \$  |                                      |                              |
|               |  |  | \$  |                                      |                              |
| 15            | Indirect Cost Reimbursement  |  |   |                                      |                              |
|               | <input checked="" type="checkbox"/> Yes  | Rate   | 14.2%   | Base                                 | \$35,000                     |
|               |  |  |   | Amount                               | \$5,000                      |
|               |  |  |   |                                      | <input type="checkbox"/> No  |
| 16            | Authorizations   | Authorized Agency Representative (Type or Print) |   | Title if other than Agency Secretary |                              |
|               | Delegated Review   | Richard W. Lorang                                |   | Deputy Secretary                     |                              |
|               |  | Signature<br><i>Richard W. Lorang</i>            |   | Date<br>9-3-97                       |                              |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

|                   |   |  |                               |               |                     |
|-------------------|---|--|-------------------------------|---------------|---------------------|
| Reviewing Analyst | <i>Gretchen Fossum</i>                      | Phone  | <i>6-22-88</i>                | SAI Number    | <i>WI 970917-25</i> |
| Recommendation:   | <input checked="" type="checkbox"/> Approve | <input type="checkbox"/> Approve With Conditions | <input type="checkbox"/> Deny | Date Received | <i>9-17-97</i>      |
| Signature         | <i>S Jablonsky</i>                          | Date   | <i>9/23/97</i>                | Date Due      | <i>10-1-97</i>      |
| COMMENTS:         |   |  |                               |               |                     |

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

September 24, 1997

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

Children's Community Mental Health  
Services Program (Wraparound Milwaukee),  
State Application Identifier Number  
WI970107-006 -N93104YY

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 large, stylized handwritten signature in black ink, appearing to read "Mark D. Bugher".

Mark D. Bugher  
Secretary

## WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

|  |  |   |   |  |                        |  |  |
|--|--|---|---|--|------------------------|--|--|
| 1  | Applicant Agency<br>Dept. of Health and Family Services  | 2   | CFDA # 9 3 . 1 0 4  | 3  | Agency I.D. (Optional) |  |  |
| 4  | Address (Street/City/State/Zip)<br>1 West Wilson Street<br>Madison, WI 53702-0001<br>Contact Person<br>Eleanor McLean <i>Community</i> Phone 266-6838  | 5   | Federal Agency to Receive Request<br>SAMHSA: Center for Mental Health Services  |  |                        |  |  |
| 6  | Period of Funding Mo/Day/Year<br>02/01/97<br>01/31/98  | 7   | Application Due Date<br>Mo/Day/Year<br>12/20/96   |  |                        |  |  |
| 8  | Agency Project Title<br>Children's Mental Health Services Program<br><i>(wrap around Milw.)</i>  | 9   | Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><i>No WI EF</i> |  | 10                     | Area of Impact<br>Counties/States<br>Milwaukee |  |
| 11   | Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input checked="" type="checkbox"/> Continuation-Modified | 12  | Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other                                     |  |                        |  |  |
| 13   | Number of Years Previously Funded <i>three (3)</i>   |   | All   |  |                        |  |  |
| 14   | Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For \$3,484,745   |   |   |  |                        |  |  |
|  |  |   |   | New Positions  |                        | Existing Positions                             |  |
| 15   | Indirect Cost Reimbursement  | <input checked="" type="checkbox"/> Yes Rate 5% Base \$124,890 Amount \$6,245                         |   | <input type="checkbox"/> No  |                        |  |  |
| 16   | Authorizations<br><input type="checkbox"/> Delegated Review  | Authorized Agency Representative (Type or Print)<br>Richard Lorang<br>Signature <i>Richard Lorang</i> |   | Title if other than Agency Secretary<br>Deputy Secretary<br>Date <i>12-18-88</i> |                        | <i>006</i>                                     |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY  |  |   |   |  |                        |  |  |
| Reviewing Analyst <i>Cretchen Fossan</i> Phone <i>6-22-88</i>  |  | SAI Number <i>WI970107-313-N</i>  |   | Date Received <i>1-7-97</i>  |                        |  |  |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny |  | Signature <i>William A. Fossan</i> Date <i>9/23/97</i>  |   | Date Due <i>1-21-97</i>  |                        |  |  |
| COMMENTS   |  |   |   |  |                        |  |  |

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

August 6, 1997

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

State Medicare Survey Grant,  
State Application Identifier  
Number WI970806-217-N00000XX

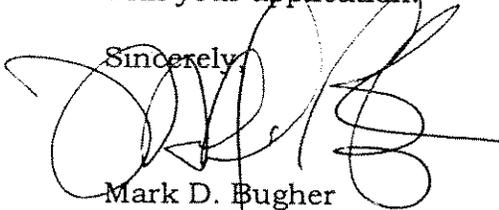
Dear Secretary Leean:

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,

  
Mark D. Bugher  
Secretary

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

|  |  |  |   |
|--|--|--|---|
| <b>1</b> Applicant Agency<br>DHFS-Division of Supportive Living  |  | <b>2</b> CFDA # _____  | <b>3</b> Agency I.D. (Optional)                     |
| <b>4</b> Address (Street/City/State/Zip)<br>1 W. Wilson Street<br>Madison, WI 53702<br>Contact Person<br>Otis Woods Phone 266-7952   |  | <b>5</b> Federal Agency to Receive Request<br>HCFA - Region V - Chicago  |   |
| <b>8</b> Agency Project Title<br>State Medicare Survey Grant   |  | <b>6</b> Period of Funding Mo/Day/Year<br>10/1/97<br>9/30/98   | <b>7</b> Application Due Date Mo/Day/Year<br>8/1/97 |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input checked="" type="checkbox"/> Continuation-Modified |  | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified    Dates<br>_____<br>_____<br>_____<br>_____ All |   |
| <b>12</b> Type of Assistance<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br><input type="checkbox"/> Other Contract  |  | <b>10</b> Area of Impact Counties/States<br>Statewide<br>_____<br>_____<br>_____<br>_____  |   |
| <b>13</b> Number of Years Previously Funded _____  |  |  |   |

| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) |         |              |             |                         |       |                              |       |
|---|---------|--------------|-------------|-------------------------|-------|------------------------------|-------|
| Total Federal Funds Applied For <u>3,355,959</u>                                  |         |              |             |                         |       |                              |       |
| Appropriation   | Source  | Revenue Type | Amount      | New Positions No. (FTE) | Type  | Existing Positions No. (FTE) | Type  |
| 643   | Federal | PR/F         | \$3,355,959 | 3.972                   | Perm. | 42.70                        | Perm. |
|   |         |              | \$          |                         |       | 1.71                         | Proj. |
|   |         |              | \$          |                         |       |                              |       |
|   |         |              | \$          |                         |       |                              |       |
|   |         |              | \$          |                         |       |                              |       |
|   |         |              | \$          |                         |       |                              |       |
|   |         |              | \$          |                         |       |                              |       |
|   |         |              | \$          |                         |       |                              |       |
|   |         |              | \$          |                         |       |                              |       |

**15** Indirect Cost Reimbursement  
 Yes    Rate 6.9%    Base 1,523,294    Amount \$105,107     No

|   |   |   |
|---|---|---|
| <b>16</b> Authorizations<br><br><input type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print)<br>Richard Lorang<br>Signature <i>Richard Lorang</i> | Title if other than Agency Secretary<br>Deputy Secretary<br>Date<br>7-31-97 |
|---|---|---|

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Jeff Geister    Phone \_\_\_\_\_    SAI Number WI970806-217

Recommendation:  Approve     Approve With Conditions     Deny    Date Received 7/31/97

Signature *Jeff Geister*    Date 7/31/97    Date Due \_\_\_\_\_

COMMENTS \_\_\_\_\_

NO  
0  
X

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



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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY

August 13, 1997

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

AIDS/HIV Program-Client-Level Data  
Demonstration Project, State Application  
Identifier Number WI970718-206-N00000XX

Dear Secretary Llean:

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 "Mark D. Bugher".

Mark D. Bugher  
Secretary



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



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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY

August 12, 1997

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

Turning Point, State Application Identifier  
Number WI970717-197-N00000XX

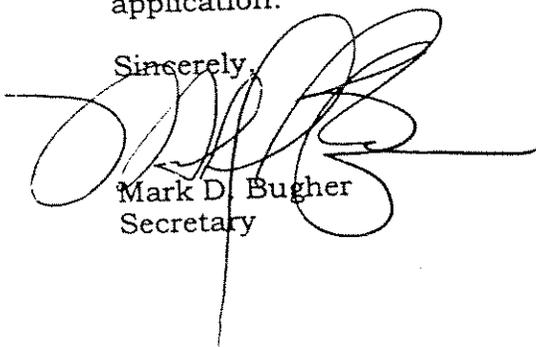
Dear Secretary Leean:

The Wisconsin Department of Administration, the State Grant Review Clearinghouse, has reviewed the application for funding assistance. At the direction of the Governor of the State of Wisconsin, the Department supports the application for submission to the funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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

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

Sincerely,



Mark D. Bugher  
Secretary



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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

May 22, 1997

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

State Indoor Radon Grant, State  
Application Identifier Number  
WI970421-092-N66032XX

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 "Mark D. Bugher".

Mark D. Bugher  
Secretary

H-847-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

| <b>1 Applicant Agency</b><br>WI Dept. of Health and Family Services  |             | <b>2</b> CFDA # <u>66-032</u>   |            | <b>3 Agency I.D. (Optional)</b>   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|--|-------------|---|------------|---|------|-----------------------|--------|--------------|--------|--------------------|--|--------------------|--|-----------|------|-----------|------|-----|---------|-----|------------|--|--|--|--|-----|-------|-----|------------|--|--|--|--|--|-------------|---------|-----------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| <b>4 Address (Street/City/State/Zip)</b><br>Division of Health, Public Health<br>1 W. Wilson Street, Madison WI 53702<br><br><b>Contact Person</b><br>Conrad Weiffenbach Phone 608)267-4796  |             | <b>5 Federal Agency to Receive Request</b><br>USEPA   |            | <b>7 Application Due Date</b><br>Mo/Day/Year<br>May 31, 1998                    |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>8 Agency Project Title</b><br>State<br>Indoor Radon Grant   |             | <b>9 Executive Order 12372 Review Required</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Clearinghouses: Notified Dates<br><u>No WI EO</u><br><br>All |            | <b>10 Area of Impact</b><br>Counties/States<br><br>Statewide                    |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>11 Type of Application</b><br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input checked="" type="checkbox"/> Continuation-Modified   |             | <b>12 Type of Assistance</b><br>Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other  |            |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>13 Number of Years Previously Funded</b><br>seven   |             |   |            |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>14 Funding, Allotment and Position Data (Including Federal indirect costs)</b><br>Total Federal Funds Applied For <u>\$237,439</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>149</td> <td>Federal</td> <td>PRF</td> <td>\$ 237,439</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>101</td> <td>State</td> <td>GPR</td> <td>\$ 153,854</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Other Match</td> <td>In-Kind</td> <td>\$ 86,933</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> <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 | 149 | Federal | PRF | \$ 237,439 |  |  |  |  | 101 | State | GPR | \$ 153,854 |  |  |  |  |  | Other Match | In-Kind | \$ 86,933 |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |
| Numeric Appropriation  | Source      | Revenue Type  | Amount     | New Positions   |      |                       |        |              |        | Existing Positions |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |             |   |            | No. (FTE)   | Type | No. (FTE)             | Type   |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 149  | Federal     | PRF   | \$ 237,439 |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 101  | State       | GPR   | \$ 153,854 |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  | Other Match | In-Kind   | \$ 86,933  |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |             |   | \$         |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |             |   | \$         |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |             |   | \$         |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |             |   | \$         |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |             |   | \$         |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |             |   | \$         |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>15 Indirect Cost Reimbursement</b><br><input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No  |             |   |            |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>16 Authorizations</b><br><br><input type="checkbox"/> Delegated Review  |             | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br><br>Signature <i>Richard W. Lorang</i>   |            | Title if other than Agency Secretary<br>Deputy Secretary<br><br>Date<br>3-31-87 |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY  |             |   |            |   |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Reviewing Analyst <u>Sue Jablonsky</u> Phone <u>7-9586</u>   |             | Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny  |            | SAI Number <u>WI 970421-092-NI</u>  |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Signature <u>S. Jablonsky</u> Date <u>5/2/97</u>   |             | Date Received <u>4-21-97</u>  |            | Date Due <u>5-5-97</u>  |      |                       |        |              |        |                    |  |                    |  |           |      |           |      |     |         |     |            |  |  |  |  |     |       |     |            |  |  |  |  |  |             |         |           |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |

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



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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY

June 16, 1997

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

Senior Community Service Employment  
Program (Amendment), State Application  
Identifier Number WI970430-104-N17235XX

Dear Secretary Leean:

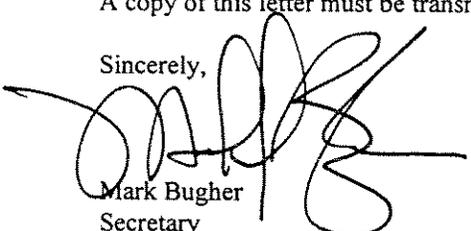
The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The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

The 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,

  
Mark Bugher  
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

|  |   |  |  |  |  |             |  |  |  |     |  |
|--|---|--|--|--|--|-------------|--|--|--|-----|--|
| <b>1</b> Applicant Agency<br>Dept. of Health & Family Services   |   | <b>2</b> CFDA # <u>17-235</u>  |  | <b>3</b> Agency I.D. (Optional) <i>Aggr</i>  |  |             |  |  |  |     |  |
| <b>4</b> Address (Street/City/State/Zip)<br>1 W. Wilson Street<br>P.O. Box 7851, Madison, WI 53707<br>Contact Person<br>Fred Clark Phone (608) 266-4448  |   | <b>5</b> Federal Agency to Receive Request<br>Federal Department of Labor  |  | <b>7</b> Application Due Date<br>Mo/Day/Year<br><u>7/1/96</u><br><u>8/27/97</u>    |  |             |  |  |  |     |  |
| <b>8</b> Agency Project Title<br>Senior Community Service Employment Program <i>Grant Extension</i>  |   | <b>9</b> Executive Order 12372 Review Required<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><i>needs wt EO</i><br>X All 4/24/96 |  | <b>10</b> Area of Impact<br>Counties/Stages<br>Statewide                           |  |             |  |  |  |     |  |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input checked="" type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | <b>12</b> Type of Assistance<br>Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other |  |  |  |  |             |  |  |  |     |  |
| <b>13</b> Number of Years Previously Funded _____  |   |  |  |  |  |             |  |  |  |     |  |
| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>2,059,492</u>  |   |  |  |  |  |             |  |  |  |     |  |
|  |   | Numeric Appropriation      Source      Revenue Type      Amount      New Positions No. (FTE)      Type      Existing Positions No. (FTE)      Type   |  |  |  |             |  |  |  |     |  |
| 658/758  |   | Federal  |  | PR-F   |  | \$2,059,492 |  |  |  | 1.5 |  |
| 601  |   | State  |  | GPR  |  | \$ 20,000   |  |  |  |     |  |
|  |   | Local  |  | Cash/In-Kind   |  | \$ 208,832  |  |  |  |     |  |
|  |   |  |  |  |  | \$          |  |  |  |     |  |
|  |   |  |  |  |  | \$          |  |  |  |     |  |
|  |   |  |  |  |  | \$          |  |  |  |     |  |
|  |   |  |  |  |  | \$          |  |  |  |     |  |
|  |   |  |  |  |  | \$          |  |  |  |     |  |
|  |   |  |  |  |  | \$          |  |  |  |     |  |
|  |   |  |  |  |  | \$          |  |  |  |     |  |
| <b>15</b> Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>5.1</u> Base <u>\$58,000</u> Amount <u>\$2,958</u> <input type="checkbox"/> No  |   |  |  |  |  |             |  |  |  |     |  |
| <b>16</b> Authorizations<br><input type="checkbox"/> Delegated Review  |   | Authorized Agency Representative (Type or Print)<br>Richard Lorang<br>Signature <i>Richard Lorang</i>  |  | Title if other than Agency Secretary<br>Deputy Secretary<br>Date<br><u>4-28-97</u> |  |             |  |  |  |     |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY  |   |  |  |  |  |             |  |  |  |     |  |
| Reviewing Analyst <i>Crotchen Fossam</i> Phone <u>6-2288</u>   |   | SAI Number <u>WI 990430-104</u>  |  |  |  |             |  |  |  |     |  |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny   |   | Date Received <u>4-30-97</u>   |  |  |  |             |  |  |  |     |  |
| Signature <i>Crotchen A. Fossam</i> Date <u>5/12/96</u>  |   | Date Due <u>5-14-97</u>  |  |  |  |             |  |  |  |     |  |
| COMMENTS:  |   |  |  |  |  |             |  |  |  |     |  |

*Aggr*  
*At*

*172*  
*X*

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



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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY

June 16, 1997

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

Senior Community Service Employment  
Program, State Application Identifier  
Number WI970508-119-N17235XX

Dear Secretary Leraan:

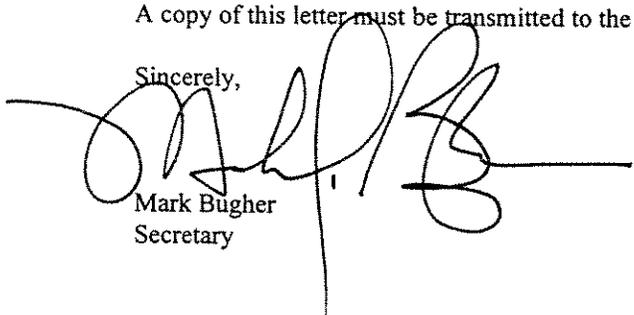
The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The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

  
Mark Bugher  
Secretary

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7888  
Madison, WI 53707-7888  
Telephone 608/267-2125

| <p>1 Applicant Agency<br/>Dept. of Health and Family Services</p>   | <p>2 CFDA # 1 7 . 2 3 5</p>  |   |  |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|---|--|---|--|---------------------------------------|-----------------|---------------|--------|--------------------|--|--------------------|------|-----------|------|-----|---------|------|------------|--|--|-----|-----|-----|---------|------|--------------|--|--|--|--|-----|-------|-----|-----------|--|--|--|--|--|-------|---------|------------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| <p>4 Address (Street/City/State/Zip)<br/>1 West Wilson, P. O. Box 7050<br/>Madison, WI 53701<br/>Contact Person<br/>Freddie Clark Phone 6-4448</p>  | <p>5 Federal Agency to Receive Request<br/>Federal Department of Labor</p> <p>6 Period of Funding Mo/Day/Year<br/>09/01/96<br/>08/31/97</p> <p>7 Application Due Date<br/>Mo/Day/Year<br/>05/01/97</p>   |   |  |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <p>8 Agency Project Title<br/>Senior Community Service Employment 1997-98</p>   | <p>9 Executive Order 12372 Review Required<br/><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>Clearinghouses: Notified Dates<br/>doa will process <i>needs WF EO</i></p>   |   |  |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <p>11 Type of Application<br/><input type="checkbox"/> New Grant<br/><input type="checkbox"/> Amendment to Current Grant<br/><input type="checkbox"/> Continuation-Unchanged<br/><input checked="" type="checkbox"/> Continuation-Modified</p>  | <p>12 Type of Assistance<br/>Grant<br/><input checked="" type="checkbox"/> Formula<br/><input type="checkbox"/> Discretionary<br/><input type="checkbox"/> Other</p>   |   |  |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <p>13 Number of Years Previously Funded<br/>All</p>   | <p>14 Funding, Allotment and Position Data (including Federal indirect costs)<br/>Total Federal Funds Applied For \$2,232,586</p> <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>658</td> <td>Federal</td> <td>PR-F</td> <td>\$ 123,051</td> <td></td> <td></td> <td>1.5</td> <td>FTE</td> </tr> <tr> <td>758</td> <td>Federal</td> <td>PR-F</td> <td>\$ 2,109,535</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>601</td> <td>State</td> <td>GPR</td> <td>\$ 20,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Local</td> <td>in-kind</td> <td>\$ 228,065</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> | Appropriation   | Source   | Revenue Type                          | Amount          | New Positions |        | Existing Positions |  | No. (FTE)          | Type | No. (FTE) | Type | 658 | Federal | PR-F | \$ 123,051 |  |  | 1.5 | FTE | 758 | Federal | PR-F | \$ 2,109,535 |  |  |  |  | 601 | State | GPR | \$ 20,000 |  |  |  |  |  | Local | in-kind | \$ 228,065 |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |
| Appropriation   | Source   |   |  |                                       |                 | Revenue Type  | Amount | New Positions      |  | Existing Positions |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |  | No. (FTE)   | Type   | No. (FTE)                             | Type            |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 658   | Federal  | PR-F  | \$ 123,051   |                                       |                 | 1.5           | FTE    |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 758   | Federal  | PR-F  | \$ 2,109,535   |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 601   | State  | GPR   | \$ 20,000  |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   | Local  | in-kind   | \$ 228,065   |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |  |   | \$   |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |  |   | \$   |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |  |   | \$   |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |  |   | \$   |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |  |   | \$   |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <p>15 Indirect Cost Reimbursement<br/><input checked="" type="checkbox"/> Yes Rate 5.1 Base 58,200 Amount \$2968 <input type="checkbox"/> No</p>  | <p>16 Authorizations<br/><input type="checkbox"/> Delegated Review</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Authorized Agency Representative (Type or Print)<br/>Richard W. Lorang</td> <td style="width: 50%;">Title if other than Agency Secretary<br/>Deputy Secretary</td> </tr> <tr> <td>Signature<br/><i>Richard W. Lorang</i></td> <td>Date<br/>4-30-97</td> </tr> </table>  | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang | Title if other than Agency Secretary<br>Deputy Secretary | Signature<br><i>Richard W. Lorang</i> | Date<br>4-30-97 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Authorized Agency Representative (Type or Print)<br>Richard W. Lorang   | Title if other than Agency Secretary<br>Deputy Secretary   |   |  |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Signature<br><i>Richard W. Lorang</i>   | Date<br>4-30-97  |   |  |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY   |  |   |  |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <p>Reviewing Analyst <i>Dorchen Fossheim</i> Phone <i>266-2588</i></p> <p>Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny</p> <p>Signature <i>Jutchen A. Fossheim</i> Date <i>5/12/97</i></p> <p>COMMENTS:</p> | <p>SAI Number <i>WI-9910505-118</i></p> <p>Date Received <i>5-8-97</i></p> <p>Date Due <i>5-22-97</i></p>  |   |  |                                       |                 |               |        |                    |  |                    |      |           |      |     |         |      |            |  |  |     |     |     |         |      |              |  |  |  |  |     |       |     |           |  |  |  |  |  |       |         |            |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

May 29, 1997

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

Maternal and Child Health Federal  
Consolidated Program (State Infant  
Mortality Review Program), State  
Application Identifier Number  
WI970520-133-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 large, stylized handwritten signature in black ink, appearing to read 'Mark D. Bugher'.

Mark D. Bugher  
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

*Program*  
*Maternal & Child Health Fed. Consolidated*

|  |  |
|--|--|
| <p>1 Applicant Agency<br/>DHFS / DOH / BUREAU OF PUBLIC HEALTH</p>   | <p>2 CFDA # <u>93.1101</u></p>   |
| <p>4 Address (Street/City/State/Zip)<br/>1414 E WASHINGTON AVENUE ROOM 227<br/>MADISON, WI 53703-3044<br/>Contact Person (608)<br/>KEN BALDWIN Phone 266-1251</p>  | <p>5 Federal Agency to Receive Request</p> <p>6 Period of Funding Mo/Day/Year<br/><u>10/1/97</u><br/><u>9/30/98</u></p> <p>7 Application Due Date Mo/Day/Year<br/>5/13/97</p>  |
| <p>8 Agency Project Title<br/><i>(State Infant Immortality Grant)</i></p>  | <p>9 Executive Order 12372 Review Required<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>Clearinghouses: Notified Dates<br/><u>No Fed-EO</u></p> |
| <p>11 Type of Application<br/><input checked="" type="checkbox"/> New Grant<br/><input type="checkbox"/> Amendment to Current Grant<br/><input type="checkbox"/> Continuation-Unchanged<br/><input type="checkbox"/> Continuation-Modified</p> | <p>12 Type of Assistance<br/>Grant<br/><input type="checkbox"/> Formula<br/><input checked="" type="checkbox"/> Discretionary<br/>Other _____</p>                              |
| <p>13 Number of Years Previously Funded<br/><u>0</u></p>   | <p>10 Area of Impact Counties/States<br/>STATEWIDE</p>   |

*Loss*  
*for*

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For \$150,000.

| Numeric Appropriation | Source  | Revenue Type | Amount      | New Positions |      | Existing Positions |      |
|-----------------------|---------|--------------|-------------|---------------|------|--------------------|------|
|                       |         |              |             | No. (FTE)     | Type | No. (FTE)          | Type |
| 149                   | FEDERAL | PR-F         | \$ 150,000. | ---           | ---  | ---                | ---  |
|                       |         |              | \$          |               |      |                    |      |
|                       |         |              | \$          |               |      |                    |      |
|                       |         |              | \$          |               |      |                    |      |
|                       |         |              | \$          |               |      |                    |      |
|                       |         |              | \$          |               |      |                    |      |
|                       |         |              | \$          |               |      |                    |      |
|                       |         |              | \$          |               |      |                    |      |
|                       |         |              | \$          |               |      |                    |      |
|                       |         |              | \$          |               |      |                    |      |

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

16 Authorizations  
 Delegated Review

|   |   |
|---|---|
| Authorized Agency Representative (Type or Print)<br>RICHARD W. LORANG<br>Signature <i>Richard W. Lorang</i> | Title if other than Agency Secretary<br>DEPUTY SECRETARY<br>Date<br>5-12-97 |
|---|---|

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst *Sue Jablonsky* Phone *7-9546* SAI Number *WI910520-138-A*

Recommendation:  Approve  Approve With Conditions  Deny Date Received *5-20-97*

Signature *S. Jablonsky* Date *5/29/97* Date Due *6-3-97*

*93*  
*11*

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

May 22, 1997

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

Centers for Disease Control and Prevention-  
Investigations and Technical Assistance  
(Behavioral Risk Factor Survey), State  
Application Identifier Number  
WI970520-128-N93283XX

Dear Secretary Leraan:

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 "M. D. Bugher".

Mark D. Bugher  
Secretary

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Investigations + Tech. Asst.  
Centers for Disease Control + Prevention

|  |   |
|--|---|
| <p>1 Applicant Agency<br/>DA/FS/Division of Health</p>   | <p>2 CFDA # <u>93-283</u></p>   |
| <p>4 Address (Street/City/State/Zip)<br/>Center for Health Statistics<br/>1 W. Wilson St., Room 172<br/>Contact Person Madison WI 53701<br/>Gail Carpenter Phone 267-0586</p>  | <p>5 Federal Agency to Receive Request<br/>DHHS/Centers for Disease Control &amp; Preventio</p>   |
| <p>8 Agency Project Title<br/>(Behavioral Risk Factor Survey)</p>  | <p>6 Period of Funding Mo/Day/Year<br/><u>9/1/97</u><br/><u>8/31/98</u></p> <p>7 Application Due Date Mo/Day/Year<br/><u>5/16/97</u></p>  |
| <p>11 Type of Application<br/><input type="checkbox"/> New Grant<br/><input type="checkbox"/> Amendment to Current Grant<br/><input type="checkbox"/> Continuation-Unchanged<br/><input checked="" type="checkbox"/> Continuation-Modified</p> | <p>12 Type of Assistance<br/>Grant<br/><input type="checkbox"/> Formula<br/><input checked="" type="checkbox"/> Discretionary<br/>Other _____</p>   |
| <p>13 Number of Years Previously Funded <u>14</u></p>  | <p>9 Executive Order 12372 Review Required<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>Clearinghouses: Notified <u>None</u><br/><u>No WFO</u><br/>All</p> |
| <p>10 Area of Impact Counties/States<br/>All counties</p>  |   |

14 Funding, Allotment and Position Data (Including Federal indirect costs)  
Total Federal Funds Applied For \$110,015

| Numeric Appropriation | Source  | Revenue Type | Amount    | New Positions |      | Existing Positions |       |
|-----------------------|---------|--------------|-----------|---------------|------|--------------------|-------|
|                       |         |              |           | No. (FTE)     | Type | No. (FTE)          | Type  |
| 149                   | Federal | PR-F         | \$110,015 |               |      | 50                 | Proj. |
|                       |         |              | \$        |               |      |                    |       |
|                       |         |              | \$        |               |      |                    |       |
|                       |         |              | \$        |               |      |                    |       |
|                       |         |              | \$        |               |      |                    |       |
|                       |         |              | \$        |               |      |                    |       |
|                       |         |              | \$        |               |      |                    |       |
|                       |         |              | \$        |               |      |                    |       |
|                       |         |              | \$        |               |      |                    |       |
|                       |         |              | \$        |               |      |                    |       |

15 Indirect Cost Reimbursement  
 Yes Rate 26.2 Base 17,300 Amount \$4,533  No

|  |  |  |
|--|--|--|
| <p>16 Authorizations<br/><input type="checkbox"/> Delegated Review</p> | <p>Authorized Agency Representative (Type or Print)<br/>Richard W. Lorang<br/>Signature <u>Richard W. Lorang</u></p> | <p>Title if other than Agency Secretary<br/>Deputy Secretary<br/>Date <u>5-13-87</u></p> |
|--|--|--|

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Gallowsky Phone 7-9546 SAI Number WI 970520-128-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received 5-20-97 93

Signature S. Gallowsky Date 5/21/97 Date Due 6-3-97 28

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

November 13, 1997

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

Toxic Substances Compliance Monitoring  
Coop Agreements (EPA/TSCA Asbestos in  
Schools), State Application Identifier  
Number WI970922-270-N66701XX

Dear Secretary Lekan:

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 "Mark Bugher".

Mark Bugher  
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

*Monitoring Coop Agreements  
Toxic Substances Compliance*

|   |   |
|---|---|
| <p>1 Applicant Agency<br/><b>Department of Health and Family Services</b></p> <p>4 Address (Street/City/State/Zip)<br/><b>1414 East Washington Avenue, Room 112<br/>Madison, WI 53703</b><br/>Contact Person<br/><b>Terry Moen</b> Phone <b>266-8579</b></p> <p>8 Agency Project Title<br/><b>EPA/TSCA Asbestos in Schools Cooperative Agreement<br/>Grant # J1005903-97</b></p> <p>11 Type of Application<br/> <input type="checkbox"/> New Grant<br/> <input checked="" type="checkbox"/> Amendment to Current Grant<br/> <input type="checkbox"/> Continuation-Unchanged<br/> <input type="checkbox"/> Continuation-Modified             </p> <p>12 Type of Assistance Grant<br/> <input checked="" type="checkbox"/> Formula<br/> <input type="checkbox"/> Discretionary<br/> <input type="checkbox"/> Other             </p> <p>13 Number of Years Previously Funded <b>12</b></p> | <p>2 CFDA # <b>6 6 . 7 0 1</b></p> <p>3 Agency I.D. (Optional)<br/><b>H-826</b></p> <p>5 Federal Agency to Receive Request<br/><b>U.S. Environmental Protection Agency</b></p> <p>6 Period of Funding Mo/Day/Year<br/><b>10/1/96<br/>9/30/97</b></p> <p>7 Application Due Date Mo/Day/Year<br/><b>8/15/96</b></p> <p>9 Executive Order 12372 Review Required<br/> <input checked="" type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No<br/>                 Clearinghouses: Notified Dates<br/> <i>needs vet</i><br/> <i>EO</i> </p> <p>10 Area of Impact<br/>Counties/States<br/><b>Wisconsin Statewide</b></p> |
|---|---|

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For **\$ 10,000 (for amendment)\*** \* Total Federal funding with amendment is \$110,000.

| Appropriation | Source          | Revenue Type | Amount             | New Positions |      | Existing Positions |      |
|---------------|-----------------|--------------|--------------------|---------------|------|--------------------|------|
|               |                 |              |                    | No. (FTE)     | Type | No. (FTE)          | Type |
| 149           | Federal         | PRF          | \$ 10,000          |               |      |                    |      |
| 184           | Program Revenue | PRO          | \$ 3,337 (in kind) |               |      |                    |      |
|               |                 |              |                    |               |      |                    |      |
|               |                 |              |                    |               |      |                    |      |
|               |                 |              |                    |               |      |                    |      |
|               |                 |              |                    |               |      |                    |      |
|               |                 |              |                    |               |      |                    |      |
|               |                 |              |                    |               |      |                    |      |
|               |                 |              |                    |               |      |                    |      |
|               |                 |              |                    |               |      |                    |      |

15 Indirect Cost Reimbursement **Yes** Rate **14.1%\*\*** Base **\$ 59,500\*\*** Amount **\$ 8,390\*\***  No  
\*\* Not part of \$10,000 amendment.

16 Authorizations  Delegated Review

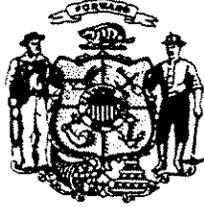
|  |   |
|--|---|
| Authorized Agency Representative (Type or Print)<br><b>Richard W. Lorang</b> | Title if other than Agency Secretary<br><b>Deputy Secretary</b> |
| Signature<br><i>Richard W. Lorang</i>  | Date<br><b>9-16-97</b>  |

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

|  |                                |
|--|--------------------------------|
| Reviewing Analyst <i>Sue Gablonsky</i> Phone <b>7-9546</b>   | SAI Number <b>WI970922-270</b> |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Received <b>9-22-97</b>   |
| Signature <i>S. Gablonsky</i> Date <b>9/23/97</b>  | Date Due <b>10-6-97</b>        |

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

October 17, 1997

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

Improving Health and LTC Systems for Persons  
Eligible for Medicaid and Medicare who Require  
Long Term Care, State Application Identifier  
Number WI970922-272-N00000XX

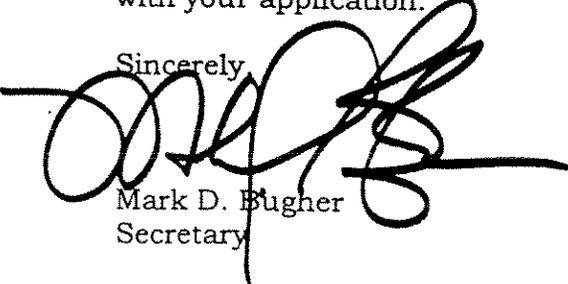
Dear Secretary Leean:

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,



Mark D. Bugher  
Secretary

08-1101

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<br>Dept. of Health and Family Services   |  | 2 CFDA  |  | 3 Agency I.D.  |  |
| 4 Address (Street/City/State/Zip)<br>One West Wilson Street, PO Box 7850<br>Madison, WI 53707-7850<br>Contact Person Thomas E. Hamilton<br>Tel 266-9304   |  | 5 *Federal Agency to Receive Request<br>Health Care Financing Administration  |  | 7 Due Date<br>Mo/Day/Year<br>Aug 29, 1997                                |  |
| 8 Agency Project Title<br>Improving Health & LTC Systems for Persons Eligible<br>Medicaid & Medicare who Require Long Term Care   |  | 9 Exec Order 12372 Review Req'd<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified <input type="checkbox"/> Dates<br><i>No CFDA #</i> |  | 10 Area of Impact<br>Counties/States<br>Certain counties                 |  |
| 11 Type of Application<br><input checked="" type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |  | 12 Type of Assistance Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other   |  |  |  |
| 13 Number of Years Previously Funded<br>NA  |  | All   |  |  |  |
| 14 Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For \$299,520   |  |   |  |  |  |
| Numeric Appropriation   |  | Source  |  | Revenue Type   |  |
|   |  |   |  | Amount   |  |
|   |  |   |  | New Positions No. (FTE)  |  |
|   |  |   |  | Type   |  |
|   |  |   |  | Existing Positions No.   |  |
|   |  |   |  | Type   |  |
| 844   |  | Fed   |  | RRF \$ 149,760   |  |
| 845   |  | Fed   |  | PRF 149,760  |  |
|   |  |   |  | \$   |  |
|   |  |   |  | \$   |  |
|   |  |   |  | \$   |  |
|   |  |   |  | \$   |  |
|   |  |   |  | \$   |  |
|   |  |   |  | \$   |  |
|   |  |   |  | \$   |  |
|   |  |   |  | \$   |  |
|   |  |   |  | \$   |  |
| 15 Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate 9% Base \$132,000 Amount \$11,880* <input type="checkbox"/> No * Pass through to contractor  |  |   |  |  |  |
| 16 Authorizations<br><input type="checkbox"/> Delegated Review<br><i>Jeff Gaudin</i>  |  | Authorized Agency Representative (Type or Print)<br>Richard Lorang<br>Signature <i>Richard Lorang</i>   |  | Title if other than Agency Secretary<br>Deputy Secretary<br>Date 7-15-97 |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY   |  |   |  |  |  |
| Reviewing Analyst <i>Gretchen Fossum</i>  |  | Phone <i>6-22-88</i>  |  | SAI Number <i>WT97092281</i>   |  |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny  |  | Date Received <i>9-22-97</i>  |  | Date Due <i>10-6-97</i>  |  |
| Signature <i>Jeff Gaudin</i>  |  | Date <i>10/15/97</i>  |  |  |  |
| COMMENTS:   |  |   |  |  |  |
| <input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet   |  |   |  |  |  |

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WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
 DCA-7020(R12/92)

Federal-State Relations Office  
 101 E. Wilson Street, 6th Floor  
 P.O. Box 7868  
 Madison, WI 53707-7868  
 Telephone 608/267-3125

|  |                       |   |   |            |                                  |  |                              |      |
|--|-----------------------|---|---|------------|----------------------------------|--|------------------------------|------|
| <b>1 Applicant Agency</b><br>WI DEPT OF HEALTH & FAMILY SVCS   |                       | <b>2</b> CFDA # <u>93</u> • <u>150</u>  |   |            |                                  |  |                              |      |
| <b>4 Address (Street/City/State/Zip)</b><br>1 W. Wilson St., Rm 433<br>Madison WI 53707<br>Contact Person<br>Michael Moskoff Phone 608/266-2712  |                       | <b>5 Federal Agency to Receive Request</b><br>Center for Mental Health Services   |   |            |                                  |  |                              |      |
| <b>8 Agency Project Title</b><br>Projects for Assistance in Transition from Homelessness (PATH)  |                       | <b>6 Period of Funding Mo/Day/Year</b><br>10-1-96<br>9/30/97  | <b>7 Application Due Date Mo/Day/Year</b><br>5/12/97  |            |                                  |  |                              |      |
| <b>11 Type of Application</b><br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |                       | <b>9 Executive Order 12372 Review Required</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>No W F E D</u><br>All |   |            |                                  |  |                              |      |
| <b>12 Type of Assistance</b><br>Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____  |                       | <b>10 Area of Impact Counties/States</b><br>Statewide   |   |            |                                  |  |                              |      |
| <b>13 Number of Years Previously Funded</b> <u>5</u>   |                       | <b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b><br>Total Federal Funds Applied For <u>\$300,000</u>   |   |            |                                  |  |                              |      |
|  | Numeric Appropriation | Source  | Revenue Type  | Amount     | New Positions No. (FTE)          | Type   | Existing Positions No. (FTE) | Type |
|  | 641                   | PRF   | FED   | \$ 30,210  | 0                                | 0  | .5                           | Perm |
|  | 741                   | PRF   | FED   | \$ 269,790 |                                  |  |                              |      |
|  | 787                   | GPR   | State   | \$ 44,968  |                                  |  |                              |      |
|  |                       |   | Local   | \$ 44,968  |                                  |  |                              |      |
|  |                       |   | In Kind   | \$ 10,064  |                                  |  |                              |      |
|  |                       |   |   | \$         |                                  |  |                              |      |
|  |                       |   |   | \$         |                                  |  |                              |      |
| <b>15 Indirect Cost Reimbursement</b><br><input checked="" type="checkbox"/> Yes Rate <u>5%</u> Base <u>21,594</u> Amount <u>1,080</u> <input type="checkbox"/> No   |                       |   |   |            |                                  |  |                              |      |
| <b>16 Authorizations</b><br><input checked="" type="checkbox"/> Delegated Review   |                       |   | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature <i>[Signature]</i> |            |                                  | Title if other than Agency Secretary<br>Deputy Secretary<br>Date <u>5-2-97</u> |                              |      |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY  |                       |   |   |            |                                  |  |                              |      |
| Reviewing Analyst <u>Ornette Fossum</u> Phone <u>6-2288</u>  |                       |   |   |            | SAI Number <u>WE990520-135-N</u> |  |                              |      |
| Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny  |                       |   |   |            | Date Received <u>5-20-97</u>     |  |                              |      |
| Signature _____ Date _____   |                       |   |   |            | Date Due <u>9.21.</u>            |  |                              |      |
| COMMENTS:  |                       |   |   |            |                                  |  |                              |      |
| <input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet  |                       |   |   |            |                                  |  |                              |      |

93  
15  
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<br>Dept. of Health and Family Services  | 2  | CFDA # 9 3 . 9 5 9   |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
|--|--|--|--|---------------|--------|--------------|--------|---------------|--|--------------------|--|-----------|------|-----------|------|-----|---------|------|------------|--|--|------|-----|-----|---------|------|--------------|--|--|--|--|-----|---------|------|--------------|--|--|--|--|-----|---------|------|--------------|--|--|--|--|-----|---------|------|--------------|--|--|--|--|-----|---------|------|-----------|--|--|-----|-----|-----|---------|------|------------|--|--|--|--|---------|---------|-----------|------------------|--|--|-----|-----|
| 4  | Address (Street/City/State/Zip)<br>1 West Wilson, P. O. Box 7946<br>Madison, WI 53707-7946<br>Contact Person<br>Philip S. McCullough Phone 266-3719  | 5  | Federal Agency to Receive Request<br>Center for Substance Abuse Treatment  |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 6  | Period of Funding Mo/Day/Year<br>10/1/97<br>09/30/98   | 7  | Application Due Date<br>Mo/Day/Year<br>09/01/97  |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 8  | Agency Project Title<br><u>Substance Abuse Prevention and Treatment Block Grant</u>  | 9  | Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>No Fed EO</u> |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 11   | Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | 12   | Type of Assistance<br>Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other                                      |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 13   | Number of Years Previously Funded<br>More than 5   | 14   | Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For \$21,221,065  |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| <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>690</td> <td>Federal</td> <td>PR-F</td> <td>\$ 930,900</td> <td></td> <td></td> <td>14.0</td> <td>PRF</td> </tr> <tr> <td>744</td> <td>Federal</td> <td>PR-F</td> <td>\$ 5,190,900</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>790</td> <td>Federal</td> <td>PR-F</td> <td>\$ 6,501,265</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>791</td> <td>Federal</td> <td>PR-F</td> <td>\$ 3,925,300</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>384</td> <td>Federal</td> <td>PR-F</td> <td>\$ 2,710,100</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>391</td> <td>Federal</td> <td>PR-F</td> <td>\$ 55,700</td> <td></td> <td></td> <td>1.0</td> <td>PRF</td> </tr> <tr> <td>396</td> <td>Federal</td> <td>PR-F</td> <td>\$ 231,700</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>397/821</td> <td>Federal</td> <td>PR-F/PR-S</td> <td>\$ 1637600/37600</td> <td></td> <td></td> <td>.75</td> <td>PRS</td> </tr> </tbody> </table> |  |  |  | Appropriation | Source | Revenue Type | Amount | New Positions |  | Existing Positions |  | No. (FTE) | Type | No. (FTE) | Type | 690 | Federal | PR-F | \$ 930,900 |  |  | 14.0 | PRF | 744 | Federal | PR-F | \$ 5,190,900 |  |  |  |  | 790 | Federal | PR-F | \$ 6,501,265 |  |  |  |  | 791 | Federal | PR-F | \$ 3,925,300 |  |  |  |  | 384 | Federal | PR-F | \$ 2,710,100 |  |  |  |  | 391 | Federal | PR-F | \$ 55,700 |  |  | 1.0 | PRF | 396 | Federal | PR-F | \$ 231,700 |  |  |  |  | 397/821 | Federal | PR-F/PR-S | \$ 1637600/37600 |  |  | .75 | PRS |
| Appropriation  | Source   | Revenue Type   | Amount   |               |        |              |        | New Positions |  | Existing Positions |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
|  |  |  |  | No. (FTE)     | Type   | No. (FTE)    | Type   |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 690  | Federal  | PR-F   | \$ 930,900   |               |        | 14.0         | PRF    |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 744  | Federal  | PR-F   | \$ 5,190,900   |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 790  | Federal  | PR-F   | \$ 6,501,265   |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 791  | Federal  | PR-F   | \$ 3,925,300   |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 384  | Federal  | PR-F   | \$ 2,710,100   |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 391  | Federal  | PR-F   | \$ 55,700  |               |        | 1.0          | PRF    |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 396  | Federal  | PR-F   | \$ 231,700   |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 397/821  | Federal  | PR-F/PR-S  | \$ 1637600/37600   |               |        | .75          | PRS    |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 15   | Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate 5.1% Base 560,466 Amount 28,854 <input type="checkbox"/> No  |  |  |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| 18   | Authorizations<br><input type="checkbox"/> Delegated Review  | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature <u>Richard W. Lorang</u><br>Title if other than Agency Secretary<br>Deputy Secretary<br>Date<br>8/26/97 |  |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY  |  |  |  |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| Reviewing Analyst: <u>Gretchen Kossman</u>   |  | SAI Number: <u>WI 970709-25</u>  |  |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny  |  | Date Received: <u>9-9-97</u>   |  |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| Signature: <u>Gretchen A. Kossman</u>  |  | Date Due: <u>9-23-97</u>   |  |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |
| COMMENTS:  |  | Date: <u>9/22/97</u>   |  |               |        |              |        |               |  |                    |  |           |      |           |      |     |         |      |            |  |  |      |     |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |              |  |  |  |  |     |         |      |           |  |  |     |     |     |         |      |            |  |  |  |  |         |         |           |                  |  |  |     |     |

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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 608/267-3125

| <b>1</b> Applicant Agency<br>Dept. of Health & Family Services  |        | <b>2</b> CFDA # _____  |   |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|---|--------|--|---|-------------------------|--------|------------------------------|--------|-------------------------|------|------------------------------|------|--|--|--|----|--|--|-----|-------|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| <b>4</b> Address (Street/City/State/Zip)<br>P.O. Box 7850<br>Madison, WI 53707-7850<br>Contact Person<br>Jane Kraus Phone 267-7814  |        | <b>5</b> Federal Agency to Receive Request   |   |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>8</b> Agency Project Title<br>Social Security Administration - Birth Contract  |        | <b>6</b> Period of Funding Mo/Day/Year<br>01/01/98<br>12/31/98   | <b>7</b> Application Due Date Mo/Day/Year<br>September 19, 1997   |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified  |        | <b>12</b> Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other _____  | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified _____ Dates _____<br>No CFDA#<br>_____<br>All |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>13</b> Number of Years Previously Funded <u>approx. 10</u>   |        | <b>10</b> Area of Impact<br>Counties/States<br>Statewide   |   |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>14</b> Funding, Allotment and Position Data (Including Federal Indirect costs)<br>Total Federal Funds Applied For <u>\$111,520</u>   |        |  |   |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Numeric Appropriation</th> <th style="width:15%;">Source</th> <th style="width:15%;">Revenue Type</th> <th style="width:15%;">Amount</th> <th style="width:15%;">New Positions No. (FTE)</th> <th style="width:15%;">Type</th> <th style="width:15%;">Existing Positions No. (FTE)</th> <th style="width:15%;">Type</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td style="text-align: right;">.33</td> <td style="text-align: right;">Perm.</td> </tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |        |  |   | Numeric Appropriation   | Source | Revenue Type                 | Amount | New Positions No. (FTE) | Type | Existing Positions No. (FTE) | Type |  |  |  | \$ |  |  | .33 | Perm. |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |
| Numeric Appropriation   | Source | Revenue Type   | Amount  | New Positions No. (FTE) | Type   | Existing Positions No. (FTE) | Type   |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |        |  | \$  |                         |        | .33                          | Perm.  |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |        |  | \$  |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |        |  | \$  |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |        |  | \$  |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |        |  | \$  |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |        |  | \$  |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |        |  | \$  |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |        |  | \$  |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |        |  | \$  |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |        |  | \$  |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>15</b> Indirect Cost Reimbursement<br><input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No   |        |  |   |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <b>16</b> Authorizations<br><br><input type="checkbox"/> Delegated Review   |        | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature <u>Richard W. Lorang</u><br>Title if other than Agency Secretary<br>Deputy Secretary<br>Date<br>9-11-97 |   |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY   |        |  |   |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| Reviewing Analyst <u>Gratchen Fossar</u> Phone <u>622-88</u><br>Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny<br>Signature _____ Date _____   |        | SAI Number <u>WI970918-264-N</u><br>Date Received <u>9-18-97</u><br>Date Due <u>9-18-97</u>  |   |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| COMMENTS:   |        |  |   |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet   |        |  |   |                         |        |                              |        |                         |      |                              |      |  |  |  |    |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |

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# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

9 3 . 0 4 3  
9 3 . 0 4 4  
9 3 . 0 4 5  
9 3 . 0 4 6

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

|  |   |   |
|--|---|---|
| <b>1</b> Applicant Agency<br>Dept. of Hlth. & Family Svcs.   | <b>2</b> CFDA # 9 3 . 0 4 1<br>9 3 . 0 4 2  | <b>3</b> Agency I.D. (Optional)   |
| <b>4</b> Address (Street/City/State/Zip)<br>Division of Supportive Living<br>P. O. Box 7851, Madison, WI. 53707<br><br>Contact Person<br>Bryan Lisser Phone 266-9696   | <b>5</b> Federal Agency to Receive Request<br>Dept. of Hlth. & Human Svcs.  |   |
| <b>8</b> Agency Project Title<br>Wisconsin State Plan on Aging 1997-1998   | <b>6</b> Period of Funding Mo/Day/Year<br>10-1-97<br>9-30-98  | <b>7</b> Application Due Date Mo/Day/Year<br>8-15-97  |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | <b>12</b> Type of Assistance<br>Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____ | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>NO WI EO</u><br>_____<br>_____<br>All |
| <b>10</b> Area of Impact Counties/States<br>Statewide  |   |   |
| <b>13</b> Number of Years Previously Funded <u>More than 5</u>   |   |   |

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

Total Federal Funds Applied For \$16,028,151

| Appropriation | Source  | Revenue Type | Amount       | New Positions |      | Existing Positions |      |
|---------------|---------|--------------|--------------|---------------|------|--------------------|------|
|               |         |              |              | No. (FTE)     | Type | No. (FTE)          | Type |
| 658-758       | Federal | PR-F         | \$16,028,151 |               |      | 11.25              | Perm |
| 709           | State   | GPR          | \$1,144,668  |               |      |                    |      |
|               | Local   | Cash-in-kind | \$1,711,795  |               |      |                    |      |
|               |         |              | \$           |               |      |                    |      |
|               |         |              | \$           |               |      |                    |      |
|               |         |              | \$           |               |      |                    |      |
|               |         |              | \$           |               |      |                    |      |
|               |         |              | \$           |               |      |                    |      |

**15** Indirect Cost Reimbursement  
 Yes Rate 5.1% Base \$485,732 Amount \$24,772  No

**16** Authorizations

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print)<br>Richard Lorang<br>Signature<br> | Title if other than Agency Secretary<br>Deputy Secretary<br>Date<br>8-14-87 |
|---|---|---|

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Gretchen Fossum Phone 6-22/88 SAI Number WI 970828-235

Recommendation:  Approve  Approve With Conditions  Deny Date Received 8/28/97 N<sup>o</sup>

Signature Gretchen A. Fossum Date \_\_\_\_\_ Date Due > Dec. 041

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

| <p>1 Applicant Agency<br/>Dept. of Health and Family Services</p> <p>4 Address (Street/City/State/Zip)<br/>1 West Wilson, P. O. Box 7050<br/>Madison, WI 53701<br/>Contact Person<br/>Mark Bunge Phone 267-4784</p> <p>8 Agency Project Title<br/>Compliance testing of diagnostic x-ray systems</p> <p>11 Type of Application<br/> <input type="checkbox"/> New Grant<br/> <input type="checkbox"/> Amendment to Current Grant<br/> <input checked="" type="checkbox"/> Continuation-Unchanged<br/> <input checked="" type="checkbox"/> Continuation-Modified             </p> <p>13 Number of Years Previously Funded<br/>22</p> <p>14 Funding, Allotment and Position Data (including Federal indirect costs)<br/>Total Federal Funds Applied For \$18,440.28</p>  | <p>2 CFDA #</p> <p>5 Federal Agency to Receive Request<br/>DHHS-/FDA/CDRH</p> <p>6 Period of Funding Mo/Day/Year<br/>7/1/97<br/>6/30/98</p> <p>7 Application Due Date<br/>Mo/Day/Year<br/>6/03/97</p> <p>9 Executive Order 12372 Review Required<br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No<br/>                 Clearinghouses: Notified Dates<br/>                 No CFDA #             </p> <p>10 Area of Impact<br/>Counties/States<br/>All counties<br/>WI (all)</p> |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>12 Type of Assistance Grant<br/> <input type="checkbox"/> Formula<br/> <input checked="" type="checkbox"/> Discretionary<br/> <input type="checkbox"/> Other             </p>  |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Numeric Appropriation   |   |                       |           | New Positions |           | Existing Positions |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Source  | Revenue Type  | Amount                | No. (FTE) | Type          | No. (FTE) | Type               |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 149 Federal   | PRF   | \$ 18,440.28          |           |               | 0.5       | Perm               |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>15 Indirect Cost Reimbursement<br/> <input checked="" type="checkbox"/> Yes Rate 14.2% Base \$8,212.88 Amount \$1,166.23<br/> <input type="checkbox"/> No             </p>   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>16 Authorizations<br/>                 Delegated Review<br/>                 Authorized Agency Representative (Type or Print)<br/>                 Richard W. Lorang<br/>                 Signature <i>Richard W. Lorang</i><br/>                 Title if other than Agency Secretary<br/>                 Deputy Secretary<br/>                 Date<br/>                 6.3.97             </p>  |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b></p>   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>Reviewing Analyst <i>Aue Dablonksy</i> Phone <i>7-9544</i> SAI Number <i>WT970623-174</i><br/>                 Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date Received <i>6-23-97</i><br/>                 Signature <i>Aue Dablonksy</i> Date <i>8/11/97</i> Date Due <i>8-1-97</i></p>   |   |                       |           |               |           |                    |  |                    |  |        |              |        |           |      |           |      |             |     |              |  |  |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# 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

*\* Disease Registry  
Health Program for Toxic Substances*

| 1 Applicant Agency<br>WI Department of Health & Family Services   |         | 2 CFDA # <u>93.161</u>   | 3 Agency I.D. (Optional)  |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|---|---------|--|---|-----------------------|--------|--------------|---------|---------------|--|--------------------|--|-----------|------|-----------|------|-----|---------|-----|------------|--|--|---|---------|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip)<br>1414 E. Washington Ave., Room 96<br>Madison, WI 53703-3044<br>Contact Person<br>Henry Anderson, M.D. Phone 608-266-1258  |         | 5 Federal Agency to Receive Request<br><u>ATSDR</u>  |   |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 8 Agency Project Title<br>Consortium for the Health Assessment of Great Lakes Sport Fish Consumption  |         | 6 Period of Funding Mo/Day/Year<br><u>09/30/97</u><br><u>09/29/98</u>  | 7 Application Due Date Mo/Day/Year<br><u>06/30/97</u>                           |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 11 Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified   |         | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>No WF EO</u><br>All |   |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 12 Type of Assistance<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other <u>Coop Agreement</u>  |         | 10 Area of Impact Counties/States<br><u>Statewide</u>  |   |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 13 Number of Years Previously Funded <u>5</u>   |         |  |   |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 14 Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>\$440,972</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>149</td> <td>Federal</td> <td>PRF</td> <td>\$ 440,972</td> <td></td> <td></td> <td>1</td> <td>Project</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 | 149 | Federal | PRF | \$ 440,972 |  |  | 1 | Project |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |
| Numeric Appropriation   | Source  | Revenue Type   | Amount  |                       |        |              |         | New Positions |  | Existing Positions |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |  |   | No. (FTE)             | Type   | No. (FTE)    | Type    |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 149   | Federal | PRF  | \$ 440,972  |                       |        | 1            | Project |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |  | \$  |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |  | \$  |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |  | \$  |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |  | \$  |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |  | \$  |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |  | \$  |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |  | \$  |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |         |  | \$  |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 15 Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>14.2%</u> Base <u>\$35,526</u> Amount <u>\$5,045</u> <input type="checkbox"/> No  |         |  |   |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 16 Authorizations<br><input checked="" type="checkbox"/> Delegated Review   |         | Authorized Agency Representative (Type or Print)<br>Richard Lorang<br>Signature <i>Richard Lorang</i>  | Title if other than Agency Secretary<br>Deputy Secretary<br>Date <u>6.27.97</u> |                       |        |              |         |               |  |                    |  |           |      |           |      |     |         |     |            |  |  |   |         |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst DeBoer / Jablonsky Phone 2370 SAI Number WI970702-183-N93161

Recommendation:  Approve  Approve With Conditions  Deny Date Received 7-2-97

Signature J. Jablonsky Date 8/11/97 Date Due 7-31-97

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DCA-7020(R12/92)

Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/257-2125

WI 9705/4-123-NO0000XX

| <b>1 Applicant Agency</b><br>Department of Health & Family Services   |        | <b>2 CFDA #</b> _____  |           | <b>3 Agency ID (Optional)</b>  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
|---|--------|--|-----------|--|------------------------------|---------------|--------|--------------|--------|-------------------------|------------------------------|-----|--|----|-----------|-----|--|--|--|--|----|--|--|--|--|--|----|--|--|--|--|--|----|--|--|--|--|--|----|--|--|--|--|--|----|--|--|--|--|--|----|--|--|--|--|--|----|--|--|--|--|--|----|--|--|--|--|--|----|--|--|
| <b>4 Address (Street/City/State/Zip)</b><br>1 West Wilson St., P. O. Box 7851<br>Madison, WI 53707-7851<br>Contact Person<br>Dan Johnson Phone 267-9582   |        | <b>5 Federal Agency to Receive Request</b><br>Medical College of Wisconsin   |           | <b>7 Application Due Date</b><br>Mo/Day/Year                               |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
| <b>8 Agency Project Title</b><br>Model Center Application -<br>Spinal Cord Registry   |        | <b>9 Executive Order 12372 Review Required</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No              |           | <b>6 Period of Funding - Mo/Day/Year</b><br>9/1/95<br>8/31/00              |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
| <b>11 Type of Application</b><br><input checked="" type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified  |        | <b>12 Type of Assistance</b><br>Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____ |           | <b>10 Area of Impact</b><br>Counties/States<br>Statewide                   |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
| <b>13 Number of Years Previously Funded</b> _____   |        | Clearinghouses: Notified _____ Dates _____<br>_____ All _____  |           | _____<br>_____<br>_____  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
| <b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b><br>Total Federal Funds Applied For _____  |        |  |           |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Appropriation</th> <th style="width: 15%;">Source</th> <th style="width: 15%;">Revenue Type</th> <th style="width: 15%;">Amount</th> <th style="width: 15%;">New Positions No. (FTE)</th> <th style="width: 15%;">Existing Positions No. (FTE)</th> </tr> </thead> <tbody> <tr> <td>633</td> <td></td> <td>PR</td> <td>\$ 68,807</td> <td>0.5</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> </tr> </tbody> </table> |        |  |           |  |                              | Appropriation | Source | Revenue Type | Amount | New Positions No. (FTE) | Existing Positions No. (FTE) | 633 |  | PR | \$ 68,807 | 0.5 |  |  |  |  | \$ |  |  |  |  |  | \$ |  |  |  |  |  | \$ |  |  |  |  |  | \$ |  |  |  |  |  | \$ |  |  |  |  |  | \$ |  |  |  |  |  | \$ |  |  |  |  |  | \$ |  |  |  |  |  | \$ |  |  |
| Appropriation   | Source | Revenue Type   | Amount    | New Positions No. (FTE)  | Existing Positions No. (FTE) |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
| 633   |        | PR   | \$ 68,807 | 0.5  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
|   |        |  | \$        |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
|   |        |  | \$        |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
|   |        |  | \$        |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
|   |        |  | \$        |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
|   |        |  | \$        |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
|   |        |  | \$        |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
|   |        |  | \$        |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
|   |        |  | \$        |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
|   |        |  | \$        |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
| <b>15 Indirect Cost Reimbursement</b><br><input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No   |        |  |           |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
| <b>16 Authorizations</b><br><input type="checkbox"/> Delegated Review   |        | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature _____   |           | Title if other than Agency Secretary<br>Deputy Secretary<br>Date<br>5-6-97 |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
| <b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>  |        |  |           |  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
| Reviewing Analyst <u>John J. Jablonski</u> Phone <u>7-9546</u>  |        | SAI Number <u>WI 9705/4-123-N</u>  |           | Date Received <u>5-8-97</u>  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny  |        | Signature <u>Stephen A. Farnum</u> Date <u>4/23/97</u>   |           | Date Due <u>5-22-97</u>  |                              |               |        |              |        |                         |                              |     |  |    |           |     |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |  |  |  |    |  |  |

Non-Federal

No DOA approval needed.  
Should not be on cover sheet.

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# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7888  
Madison, WI 53707-7888  
Telephone 608/267-2125

*Investigations + Tech. Asst.*  
*Center for Disease Control + Prevention*

|  |  |
|--|--|
| <b>1</b> Applicant Agency<br>DHFS/Division of Health   | <b>2</b> CFDA # <u>93</u> • <u>283</u>   |
| <b>4</b> Address (Street/City/State/Zip)<br>Center for Health Statistics<br>T W. Wilson St, Rm 172 Madison Wi 53701<br>Contact Person<br>Kathy Bailey Phone (608)266-8927  | <b>5</b> Federal Agency to Receive Request<br>Centers for Disease Control  |
| <b>8</b> Agency Project Title<br>National Programs of Cancer Registries  | <b>6</b> Period of Funding Mo/Day/Year<br><u>9/30/97</u><br><u>9/29/98</u>   |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | <b>7</b> Application Due Date Mo/Day/Year<br><u>5/5/97</u>   |
| <b>12</b> Type of Assistance<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____  | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>NO WI EO</u> |
| <b>13</b> Number of Years Previously Funded <u>3</u>   | <b>10</b> Area of Impact Counties/States<br>All Counties   |

| 14 Funding, Allotment and Position Data (including Federal indirect costs) |                          |              |              |                         |      |                              |      |
|--|--------------------------|--------------|--------------|-------------------------|------|------------------------------|------|
| Total Federal Funds Applied For _____                                      |                          |              |              |                         |      |                              |      |
| Numeric Appropriation  | Source                   | Revenue Type | Amount       | New Positions No. (FTE) | Type | Existing Positions No. (FTE) | Type |
| 149  | Federal                  | PR-F         | \$ 280,000 + |                         |      |                              |      |
|  | Previous Years Carryover | -PRF         | \$ 68,669    |                         |      |                              |      |
|  | Total with Carryover     |              | \$ 348,669   |                         |      |                              |      |
|  |                          |              | \$           |                         |      |                              |      |
|  |                          |              | \$           |                         |      |                              |      |
|  |                          |              | \$           |                         |      |                              |      |
|  |                          |              | \$           |                         |      |                              |      |
|  |                          |              | \$           |                         |      |                              |      |

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

|   |  |  |
|---|--|--|
| <b>16</b> Authorizations<br><input type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print)<br>Richard W Lorang<br>Signature <i>[Signature]</i> | Title if other than Agency Secretary<br>Deputy Secretary<br>Date<br>5-5-87 |
|---|--|--|

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst *Aue Jablonka* Phone 7-9546 SAI Number WI 910520-131-A  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 5-20-97  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due Del.

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

28  
X;

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

H - 810-1

Department of Administration  
DOA-7020(R12/92)

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

|  |  |  |
|--|--|--|
| <b>1</b> Applicant Agency<br>Wis. Dept. of Health & Social Services  | <b>2</b> CFDA # <u>93.994</u>  | <b>3</b> Agency I.D. (Optional)                            |
| <b>4</b> Address (Street/City/State/Zip)<br>1414 E. Washington Ave., Room 227<br>Madison WI 53703-3044<br>Contact Person<br>Kenneth Baldwin Phone (608) 266-1251   | <b>5</b> Federal Agency to Receive Request<br>Dept. of Health & Human Services   |  |
|  | <b>6</b> Period of Funding Mo/Day/Year<br>Oct. 1, 1996<br>Sept. 30, 1997   | <b>7</b> Application Due Date Mo/Day/Year<br>July 15, 1996 |
| <b>8</b> Agency Project Title<br><i>services</i><br>Maternal & Child Health/Block Grant  | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><i>No Fed EO</i><br>All |  |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | <b>12</b> Type of Assistance<br>Grant<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other _____                                      | <b>10</b> Area of Impact Counties/States<br><br>Statewide  |
| <b>13</b> Number of Years Previously Funded _____  |  |  |

| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For <u>\$11,931,821</u> |         |              |              |                         |      |                              |       |
|--|---------|--------------|--------------|-------------------------|------|------------------------------|-------|
| Numeric Appropriation  | Source  | Revenue Type | Amount       | New Positions No. (FTE) | Type | Existing Positions No. (FTE) | Type  |
| 191  | Federal | PR-F         | \$ 3,956,652 |                         |      | 53.00                        | Perm* |
| 193  | Federal | PR-F         | \$ 7,975,169 |                         |      |                              |       |
|  |         |              | \$           |                         |      |                              |       |
|  |         |              | \$           |                         |      |                              |       |
|  |         |              | \$           |                         |      |                              |       |
|  |         |              | \$           |                         |      |                              |       |
|  |         |              | \$           |                         |      |                              |       |
|  |         |              | \$           |                         |      |                              |       |
|  |         |              | \$           |                         |      |                              |       |
|  |         |              | \$           |                         |      |                              |       |

\*Request for 1.0 FTE pending

|  |   |   |  |
|--|---|---|--|
| <b>15</b> Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate <u>14%</u> Base <u>\$2,089,404</u> Amount <u>\$292,517</u> <input type="checkbox"/> No |   |   |  |
| <b>16</b> Authorizations<br><br><input checked="" type="checkbox"/> Delegated Review   | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature <i>Richard W. Lorang</i> | Title if other than Agency Secretary<br>Deputy Secretary<br>Date <u>7-11-96</u> |  |

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

|   |                                  |     |
|---|----------------------------------|-----|
| Reviewing Analyst <i>Sue Galbraith</i> Phone <u>7-9546</u>  | SAI Number <u>WI960725-166-N</u> |     |
| Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Received <u>7-25-96</u>     | 994 |
| Signature _____ Date _____  | Date Due <u>9/1/96</u>           |     |

COMMENTS:

43

Comments Continued on Reverse or on a Separate Sheet

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DGA-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<br>Dept of Health & Family Services  |  | 2 CFDA # 93 • 656   | 3 Agency I.D. (Optional)                         |
| 4 Address (Street/City/State/Zip)<br>P. O. Box 7850<br>Madison, WI 53707<br>Contact Person<br>Gail Proptom Phone 267-2887   |  | 5 Federal Agency to Receive Request<br>Dept. of Health & Human Services   |  |
| 8 Agency Project Title<br><u>Crisis Nursery-Kenosha Co.</u>   |  | 6 Period of Funding Mo/Day/Year<br>9/30/97<br>9/29/98   | 7 Application Due Date<br>Mo/Day/Year<br>5/30/97 |
| 11 Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |  | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>No Fed EO</u><br>All |  |
| 12 Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other  |  | 10 Area of Impact<br>Counties/States<br>Kenosha   |  |
| 13 Number of Years Previously Funded <u>1</u>   |  |   |  |

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

Total Federal Funds Applied For \$200,000

| Numeric Appropriation | Source  | Revenue Type | Amount     | New Positions |      | Existing Positions |      |
|-----------------------|---------|--------------|------------|---------------|------|--------------------|------|
|                       |         |              |            | No. (FTE)     | Type | No. (FTE)          | Type |
| 341                   | Federal | PR-F         | \$ 200,000 | 0             |      |                    |      |
|                       | Local   |              | \$ 86,500  |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |
|                       |         |              | \$         |               |      |                    |      |

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

16 Authorizations  
 Delegated Review

|   |  |
|---|--|
| Authorized Agency Representative (Type or Print)<br>Richard W. Lorang | Title if other than Agency Secretary<br>Deputy Secretary |
| Signature<br><i>Richard W. Lorang</i>                                 | Date<br>5-22-97  |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Gretchen Fossum phone 6-22-88 SAI Number WI 970623-104-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received 6-23-97

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due Delegated

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

93  
656  
44

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

|  |   |   |
|--|---|---|
| <b>1</b> Applicant Agency<br>Dept. of Health and Family Services   | <b>2</b> CFDA # <u>93 • 987</u>   | <b>3</b> Agency I.D. (Optional)   |
| <b>4</b> Address (Street/City/State/Zip)<br>1 West Wilson, P O Box 7050<br>Madison, WI 53701<br>Contact Person<br>Mike Pfrang Phone (608)266-7550  | <b>5</b> Federal Agency to Receive Request<br>DHHS/ACF/ORR  |   |
|  | <b>6</b> Period of Funding Mo/Day/Year<br><u>7/1/97</u><br><u>6/30/98</u>   | <b>7</b> Application Due Date Mo/Day/Year<br>5/12/97  |
| <b>8</b> Agency Project Title<br><u>Refugee Health Program</u>   | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>No WTE</u><br>_____<br>_____<br>_____ All |   |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | <b>12</b> Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other _____   | <b>10</b> Area of Impact Counties/States<br>All counties<br><u>WI (all)</u><br>_____<br>_____ |
| <b>13</b> Number of Years Previously Funded _____  |   |   |

| <b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) |         |              |          |                         |      |                              |      |
|---|---------|--------------|----------|-------------------------|------|------------------------------|------|
| Total Federal Funds Applied For <u>\$90,553</u>                                   |         |              |          |                         |      |                              |      |
| Numeric Appropriation   | Source  | Revenue Type | Amount   | New Positions No. (FTE) | Type | Existing Positions No. (FTE) | Type |
| 149   | Federal | PRF          | \$90,553 |                         |      | 1.0                          | FTE  |
|   |         |              | \$       |                         |      |                              |      |
|   |         |              | \$       |                         |      |                              |      |
|   |         |              | \$       |                         |      |                              |      |
|   |         |              | \$       |                         |      |                              |      |
|   |         |              | \$       |                         |      |                              |      |
|   |         |              | \$       |                         |      |                              |      |
|   |         |              | \$       |                         |      |                              |      |

|   |  |   |  |
|---|--|---|--|
| <b>15</b> Indirect Cost Reimbursement   |  |   |  |
| <input checked="" type="checkbox"/> Yes Rate <u>14.2%</u> Base _____ Amount _____ |  | <input type="checkbox"/> No   |  |
| <b>16</b> Authorizations  |  | Authorized Agency Representative (Type or Print)                                      |  |
| <input checked="" type="checkbox"/> Delegated Review                              |  | Richard W. Pfrang   |  |
|   |  | Signature <u>[Signature]</u> Title if other than Agency Secretary<br>Deputy Secretary |  |
|   |  | Date <u>5-15-97</u>   |  |

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

|   |                                  |
|---|----------------------------------|
| Reviewing Analyst <u>Sue Gablowsky</u> Phone <u>7-9546</u>  | SAI Number <u>WI970520-129-1</u> |
| Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Received <u>5-20-97</u>     |
| Signature _____ Date _____  | Date Due <u>Del</u>              |

9398  
XX

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM**

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

Federal State Relations Office  
1025 Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

*Breast & Cervical Cancer Early Detection  
Coop Agreements for State-Based Comprehensive*

| 1 Applicant Agency<br>Department of Health and Family Services   |         | 2 CFDA # 93.919   |              | 3 Agency I.D. (Optional)  |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|--|---------|---|--------------|---|------|---------------|--------|--------------|--------|--------------------|--|--------------------|--|-----------|------|-----------|------|-----|---------|------|--------------|--|--|------|-------|---------------------------|---------|------|------------|--|--|--|--|---------------------------|---------|------|--------------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip)<br>1414 East Washington Avenue<br>Madison, WI 53703-3044<br>Contact Person<br>Gale D. Johnson Phone 261-6872   |         | 5 Federal Agency to Receive Request<br>Centers for Disease Control and Prevention and DHFS  |              | 7 Application Due Date<br>Mo/Day/Year<br>04/14/97                           |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 8 Agency Project Title<br>Wisconsin Women's Cancer Control Program   |         | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><i>No WI EO</i> |              | 10 Area of Impact<br>Counties/Stages<br>Statewide                           |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 11 Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified  |         | 12 Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other                                    |              |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 13 Number of Years Previously Funded<br>4  |         | All   |              |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 14 Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For \$3,231,152  |         |   |              |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <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>149</td> <td>Federal</td> <td>PR-F</td> <td>\$ 1,114,048</td> <td></td> <td></td> <td>10.5</td> <td>Perm.</td> </tr> <tr> <td>550 (proposed SFY 98 App)</td> <td>Federal</td> <td>PR-F</td> <td>\$ 607,776</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>516 (proposed SFY 98 App)</td> <td>Federal</td> <td>PR-F</td> <td>\$ 1,509,328</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> <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      |  | Existing Positions |  | No. (FTE) | Type | No. (FTE) | Type | 149 | Federal | PR-F | \$ 1,114,048 |  |  | 10.5 | Perm. | 550 (proposed SFY 98 App) | Federal | PR-F | \$ 607,776 |  |  |  |  | 516 (proposed SFY 98 App) | Federal | PR-F | \$ 1,509,328 |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |
| Appropriation  | Source  | Revenue Type  | Amount       | New Positions   |      |               |        |              |        | Existing Positions |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |   |              | No. (FTE)   | Type | No. (FTE)     | Type   |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 149  | Federal | PR-F  | \$ 1,114,048 |   |      | 10.5          | Perm.  |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 550 (proposed SFY 98 App)  | Federal | PR-F  | \$ 607,776   |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 516 (proposed SFY 98 App)  | Federal | PR-F  | \$ 1,509,328 |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |   | \$           |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |   | \$           |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |   | \$           |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |   | \$           |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |   | \$           |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|  |         |   | \$           |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 15 Indirect Cost Reimbursement<br><input checked="" type="checkbox"/> Yes Rate .142 Base \$430,649 Amount \$61,152 <input type="checkbox"/> No   |         |   |              |   |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| 16 Authorizations<br><input checked="" type="checkbox"/> Delegated Review  |         | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature<br><i>Richard W. Lorang</i>  |              | Title if other than Agency Secretary<br>Deputy Secretary<br>Date<br>4-15-97 |      |               |        |              |        |                    |  |                    |  |           |      |           |      |     |         |      |              |  |  |      |       |                           |         |      |            |  |  |  |  |                           |         |      |              |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst *Aue Jablonsky* Phone *7-95846* SAI Number *WI 970508-10-1*  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received *5-8-97* Date Due *Del.*  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Comments Continued on Reverse or on a Separate Sheet

93  
96  
X8

H-834-1

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

TRB

|   |  |   |  |
|---|--|---|--|
| 1 Applicant Agency<br><i>Health and Family Services</i>   |  | 2 CFDA # <i>93.977</i>  | 3 Agency I.D. (Optional)                             |
| 4 Address (Street/City/State/Zip)<br><i>1414 E. Washington Ave.<br/>Madison, WI 53703-3044</i>  |  | 5 Federal Agency to Receive Request<br><i>Centers for Disease Control and Prevention</i>  |  |
| Contact Person<br><i>Jerald L. Young</i> Phone <i>266-5819</i>  |  | 6 Period of Funding Mo/Day/Year<br><i>1/1/97 - 12/31/97</i>   | 7 Application Due Date Mo/Day/Year<br><i>10/4/96</i> |
| 8 Agency Project Title<br><i>Preventive Health Services<br/>Sexually Transmitted Disease Program</i>  |  | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><i>No WI EO</i> |  |
| 11 Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified | 12 Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other <i>Co op-agree</i> | 10 Area of Impact Counties/States<br><i>Statewide</i>   |  |
| 13 Number of Years Previously Funded <i>21</i>  |  | All   |  |

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

Total Federal Funds Applied For *\$757,787*

| Numeric Appropriation | Source         | Revenue Type  | Amount           | New Positions |      | Existing Positions |             |
|-----------------------|----------------|---------------|------------------|---------------|------|--------------------|-------------|
|                       |                |               |                  | No. (FTE)     | Type | No. (FTE)          | Type        |
| <i>149</i>            | <i>Federal</i> | <i>PR - F</i> | <i>\$757,787</i> |               |      | <i>8.5 FTE</i>     | <i>Perm</i> |
|                       |                |               | \$               |               |      |                    |             |
|                       |                |               | \$               |               |      |                    |             |
|                       |                |               | \$               |               |      |                    |             |
|                       |                |               | \$               |               |      |                    |             |
|                       |                |               | \$               |               |      |                    |             |
|                       |                |               | \$               |               |      |                    |             |
|                       |                |               | \$               |               |      |                    |             |
|                       |                |               | \$               |               |      |                    |             |

15 Indirect Cost Reimbursement  
 Yes Rate *14.1* Base *325,257* Amount *\$45,861*  No

16 Authorizations

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print)<br><i>Richard W. Lorang</i> | Title if other than Agency Secretary<br><i>Deputy Secretary</i> |
|  | Signature<br><i>Richard W. Lorang</i>  | Date<br><i>10.2.96</i>  |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Sue Jablonsky* Phone *7-9588* SAI Number *AT961008-257-N93*

Recommendation:  Approve  Approve With Conditions  Deny Date Received *10-8-96* 917

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

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

*H-831-1*

Department of Administration  
DOA-7020(R12/92)

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

|  |  |  |
|--|--|--|
| <b>1</b> Applicant Agency<br>WI Dept of Health and Family Services   | <b>2</b> CFDA # <u>93 • 944</u>            | <b>3</b> Agency I.D. (Optional)  |
| <b>4</b> Address (Street/City/State/Zip)<br>1 W. Wilson St., PO Box 309<br>Madison, WI 53701-0309<br>Contact Person<br>James M. Vergeront, MD Phone (608)266-9853  | <b>5</b> Federal Agency to Receive Request |  |
| <b>8</b> Agency Project Title<br>HIV Surveillance  |  | <b>6</b> Period of Funding Mo/Day/Year<br><u>1/1/97</u> - <u>12/31/97</u>  |
| <b>11</b> Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |  | <b>9</b> Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>No WI EO</u> |
| <b>12</b> Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other <u>Coop Agreement</u>   |  | <b>10</b> Area of Impact<br>Counties/States<br><u>Statewide</u>  |
| <b>13</b> Number of Years Previously Funded <u>12</u>  |  | All  |

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

Total Federal Funds Applied For \$757,867.00

| Numeric Appropriation | Source | Revenue Type | Amount      | New Positions |      | Existing Positions |      |
|-----------------------|--------|--------------|-------------|---------------|------|--------------------|------|
|                       |        |              |             | No. (FTE)     | Type | No. (FTE)          | Type |
| 149                   | FED    | PR-F         | \$ 757,867. |               |      | 5.3                | Perm |
|                       |        |              | \$          |               |      |                    |      |
|                       |        |              | \$          |               |      |                    |      |
|                       |        |              | \$          |               |      |                    |      |
|                       |        |              | \$          |               |      |                    |      |
|                       |        |              | \$          |               |      |                    |      |
|                       |        |              | \$          |               |      |                    |      |
|                       |        |              | \$          |               |      |                    |      |

**15** Indirect Cost Reimbursement  
 Yes Rate 14.1 Base \$212,824. Amount \$30,008.00  No

**16** Authorizations

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang | Title if other than Agency Secretary<br>Deputy Secretary |
|  | Signature<br><i>Richard W. Lorang</i>                                 | Date<br>9-27-96  |

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Dee Jablonsky Phone 9-9546 SAI Number WI 961003-255-

Recommendation:  Approve  Approve With Conditions  Deny Date Received 10-3-96

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due Dec.

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

9394  
X2

H-841-1

### 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

|   |  |  |   |
|---|--|--|---|
| 1 Applicant Agency<br>Department of Health and Family Services  |  | 2 CFDA # _____   | 3 Agency I.D. (Optional)                        |
| 4 Address (Street/City/State/Zip)<br>1414 E Washington Ave, Rm 96<br>Madison WI 53703<br>Contact Person _____<br>Phone _____  |  | 5 Federal Agency to Receive Request<br>Food and Drug Administration <i>JDC</i>   |   |
| 8 Agency Project Title<br>Mammography Quality Assurance Act (MQSA)  |  | 6 Period of Funding Mo/Day/Year<br>02/17/97-2/17/98  | 7 Application Due Date<br>Mo/Day/Year<br>1/3/97 |
| 11 Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input type="checkbox"/> Continuation-Modified |  | 9 Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified _____ Dates _____<br><i>No CFDA#</i><br>_____ All _____ |   |
| 12 Type of Assistance<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Formula<br><input type="checkbox"/> Discretionary<br>Other <u>Reimbursement</u>   |  | 10 Area of Impact<br>Counties/States<br><u>Statewide</u>   |   |
| 13 Number of Years Previously Funded <u>2</u>   |  |  |   |

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For \$185,696.03

| Numeric Appropriation | Source  | Revenue Type | Amount        | New Positions |      | Existing Positions |      |
|-----------------------|---------|--------------|---------------|---------------|------|--------------------|------|
|                       |         |              |               | No. (FTE)     | Type | No. (FTE)          | Type |
| 149                   | Federal | PRF          | \$ 185,542.08 |               |      | 2                  | perm |
|                       |         |              | \$            |               |      |                    |      |
|                       |         |              | \$            |               |      |                    |      |
|                       |         |              | \$            |               |      |                    |      |
|                       |         |              | \$            |               |      |                    |      |
|                       |         |              | \$            |               |      |                    |      |
|                       |         |              | \$            |               |      |                    |      |
|                       |         |              | \$            |               |      |                    |      |
|                       |         |              | \$            |               |      |                    |      |

15 Indirect Cost Reimbursement  
 Yes Rate 14.1 Base \$93,479.06 Amount \$13,180.55  No

16 Authorizations  
 Delegated Review

|   |  |
|---|--|
| Authorized Agency Representative (Type or Print)<br>Richard W. Lorang | Title if other than Agency Secretary<br>Deputy Secretary |
| Signature<br><i>Richard W. Lorang</i>                                 | Date<br>1-2-97   |

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst: Lee Jablonsky Phone 7-9546 SAI Number WF 990107-16-NC

Recommendation:  Approve  Approve With Conditions  Deny Date Received 1-7-97

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due Feb.

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

Federal-State Relations Office  
101 S. Webster St.,

6th Floor  
(Formerly FDA 50)

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

|   |   |  |   |   |                                      |   |
|---|---|--|---|---|--------------------------------------|---|
| 1   | Applicant Agency<br>Dept. of Health and Family Services   | 2k   | CFDA # 9 3 . 9 8 8  | 3   | Agency I.D. (Optional)               |   |
| 4   | Address (Street/City/State/Zip)<br>1 West Wilson, P. O. Box 7050<br>Madison, WI 53701<br>Contact Person Patrick Remington, MD<br>Phone 267-3835   | 5  | Federal Agency to Receive Request<br>CDC  |   |                                      |   |
| 6   | Period of Funding Mo/Day/Year<br>07/01/97   | 7  | Application Due Date<br>Mo/Day/Year<br>06/30/98 4/10/97   |   |                                      |   |
| 8   | Agency Project Title<br>State-Based Program to Reduce Burden of Diabetes  | 9  | Executive Order 12372 Review Required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Clearinghouses: Notified Dates<br><u>No WI EO</u> |   | 1                                    | Area of Impact<br>Counties/States<br>All counties |
| 11  | Type of Application<br><input type="checkbox"/> New Grant<br><input type="checkbox"/> Amendment to Current Grant<br><input checked="" type="checkbox"/> Continuation-Unchanged<br><input checked="" type="checkbox"/> Continuation-Modified | 12   | Type of Assistance<br>Grant<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Discretionary<br>Other                                     |   |                                      |   |
| 13  | Number of Years Previously Funded   | All  |   |   |                                      |   |
| 14  | Funding, Allotment and Position Data (including Federal indirect costs)<br>Total Federal Funds Applied For  |  |   |   |                                      |   |
| Numeric   |   |  |   |   |                                      |   |
| Appropriation                                     | Source  | Revenue Type   | Amount  | New Positions<br>No. (FTE) Type   | Existing Positions<br>No. (FTE) Type |   |
| 149   | Federal   | PR-F   | \$ 246,505  | 0   | 3.3                                  | Perm  |
|   |   |  | \$  |   |                                      |   |
|   |   |  | \$  |   |                                      |   |
|   |   |  | \$  |   |                                      |   |
|   |   |  | \$  |   |                                      |   |
|   |   |  | \$  |   |                                      |   |
|   |   |  | \$  |   |                                      |   |
|   |   |  | \$  |   |                                      |   |
|   |   |  | \$  |   |                                      |   |
|   |   |  | \$  |   |                                      |   |
| 15  | Indirect Cost Reimbursement<br><input type="checkbox"/> Yes Rate .142 Base 129,033 Amount 18,323 <input type="checkbox"/> No  |  |   |   |                                      |   |
| 16  | Authorizations<br><input type="checkbox"/> Delegated Review   | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature <u>Richard W. Lorang</u>  |   | Title if other than Agency Secretary<br>Deputy Secretary<br>Date <u>4-8-97</u> <u>per Jablonski</u> |                                      |   |
| <b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>  |   |  |   |   |                                      |   |
| Reviewing Analyst<br>Recommendation:<br>Signature |   | Phone <u>7-9546</u><br><input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny<br>Date <u>5/21/97</u> |   | SAI Number <u>WT970508-112</u><br>Date Received <u>5-8-97</u><br>Date Due <u>5-22-97</u>            |                                      |   |

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

H-830-1

Department of Administration  
DOA-7020(R12/92)

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

| <p>1 Applicant Agency<br/>Wisconsin Dept. of Health and Family Services</p> <p>4 Address (Street/City/State/Zip)<br/>1 W. Wilson St., PO Box 309<br/>Madison, WI 53701-0309<br/>Contact Person<br/>James M. Vergeront, MD Phone (608)266-9853</p> <p>8 Agency Project Title<br/><i>AIDS Activity</i><br/>(HIV Prevention)</p> <p>11 Type of Application<br/> <input type="checkbox"/> New Grant<br/> <input type="checkbox"/> Amendment to Current Grant<br/> <input checked="" type="checkbox"/> Continuation-Unchanged<br/> <input type="checkbox"/> Continuation-Modified             </p> <p>13 Number of Years Previously Funded <u>12</u></p>   | <p>2 CFDA # <u>93-118</u></p> <p>3 Agency I.D. (Optional)</p> <p>5 Federal Agency to Receive Request<br/>Centers for Disease Control and Prevention</p> <p>6 Period of Funding Mo/Day/Year<br/><u>1/1/97</u> to <u>12/31/97</u></p> <p>7 Application Due Date Mo/Day/Year<br/><u>10/4/96</u></p> <p>9 Executive Order 12372 Review Required<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>                 Clearinghouses: Notified Dates<br/> <i>No Fed EO</i> </p> <p>10 Area of Impact Counties/States<br/><u>Statewide</u></p> |  |   |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|---|---|--|---|--|--------|---------------|--------|--------------------|--|--------------------|------|-----------|------|--|--|--|--------------|--|--|-----|-------|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| <p>12 Type of Assistance<br/> <input type="checkbox"/> Grant<br/> <input type="checkbox"/> Formula<br/> <input type="checkbox"/> Discretionary<br/> <input type="checkbox"/> Other <u>Coop Agreement</u> </p>   |   |  |   |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <p>14 Funding, Allotment and Position Data (including Federal indirect costs)<br/>Total Federal Funds Applied For <u>\$2,619,010.00</u></p> <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></td> <td></td> <td></td> <td style="text-align: right;">\$2,619,010.</td> <td></td> <td></td> <td style="text-align: right;">9.5</td> <td style="text-align: right;">Perm.</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   | Numeric Appropriation  | Source  | Revenue Type   | Amount | New Positions |        | Existing Positions |  | No. (FTE)          | Type | No. (FTE) | Type |  |  |  | \$2,619,010. |  |  | 9.5 | Perm. |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |  |  |  | \$ |  |  |  |  |
| Numeric Appropriation   | Source  |  |   |  |        | Revenue Type  | Amount | New Positions      |  | Existing Positions |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |   | No. (FTE)  | Type  | No. (FTE)  | Type   |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |   |  | \$2,619,010.  |  |        | 9.5           | Perm.  |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |   |  | \$  |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |   |  | \$  |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |   |  | \$  |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |   |  | \$  |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |   |  | \$  |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |   |  | \$  |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |   |  | \$  |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
|   |   |  | \$  |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <p>15 Indirect Cost Reimbursement<br/> <input checked="" type="checkbox"/> Yes Rate <u>14.1</u> Base <u>396,015.</u> Amount <u>55,838.</u> <input type="checkbox"/> No             </p>   |   |  |   |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <p>16 Authorizations</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> <input checked="" type="checkbox"/> Delegated Review                 </td> <td style="width: 35%; vertical-align: top;">                     Authorized Agency Representative (Type or Print)<br/>Richard W. Lorang<br/>Signature<br/><i>Richard Lorang</i> </td> <td style="width: 35%; vertical-align: top;">                     Title if other than Agency Secretary<br/>Deputy Secretary<br/>Date<br/><u>9-30-96</u> </td> </tr> </table>   |   | <input checked="" type="checkbox"/> Delegated Review                               | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature<br><i>Richard Lorang</i> | Title if other than Agency Secretary<br>Deputy Secretary<br>Date<br><u>9-30-96</u> |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <input checked="" type="checkbox"/> Delegated Review  | Authorized Agency Representative (Type or Print)<br>Richard W. Lorang<br>Signature<br><i>Richard Lorang</i>   | Title if other than Agency Secretary<br>Deputy Secretary<br>Date<br><u>9-30-96</u> |   |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <p><b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b></p>   |   |  |   |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <p>Reviewing Analyst <u>Aue Jablonsky</u> Phone _____ SAI Number <u>WI 961002-251-A</u></p> <p>Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date Received <u>10-2-96</u> 9311</p> <p>Signature _____ Date _____ Date Due <u>Dec.</u> X</p> <p>COMMENTS:</p>  |   |  |   |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |
| <p><input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet</p>  |   |  |   |  |        |               |        |                    |  |                    |      |           |      |  |  |  |              |  |  |     |       |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |    |  |  |  |  |