



TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

A

CORRESPONDENCE MEMORANDUM

DATE: January 24, 1995

TO: Senator Joe Lekan, Co-Chair Joint Committee on Finance
Representative Barbara Linton, Co-Chair Joint Committee
on Finance
Robert Lang, Director Legislative Fiscal Bureau

FROM: Martha Kerner, Section Chief
Federal-State Relations Office
Department of Administration

RE: APPLICATIONS FOR FEDERAL ASSISTANCE

In fulfillment of s.16.54, please find enclosed reports of recent state agency applications for federal aid.

If you have any questions, please call me at 266-2125 or the State Agency contact indicated on the application.

Attachments

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

July 8, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

Milwaukee System Improvement Plan Target
Cities, State Application Identifier Number
WI940706-187-N93196YY

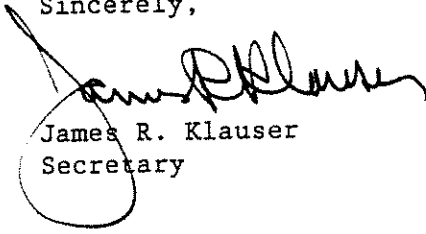
Dear Secretary Whitburn:

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

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

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


Sincerely,


James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Department of Health & Social Services		2 CFDA # 93 . 196		3 Agency I.D. (Optional)																																																																																													
4 Address (Street/City/State/Zip) 1 W. Wilson St. P. O. Box 7851 Madison WI 53707 Contact Person Philip S. McCullough Phone 608-266-3719		5 Federal Agency to Receive Request Center for Substance Abuse Treatment		6 Period of Funding Mo/Day/Year 9/30/94																																																																																													
8 Agency Project Title Milwaukee System Improvement Plan Target Cities		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates		7 Application Due Date Mo/Day/Year 6/30/94																																																																																													
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Milwaukee County _____																																																																																													
13 Number of Years Previously Funded 4		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For 3,214,604																																																																																															
				<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>641</td> <td>Fed</td> <td>PRF</td> <td>\$ 124,545</td> <td></td> <td></td> <td>.49</td> <td>Perm</td> </tr> <tr> <td>741</td> <td>Fed</td> <td>PRF</td> <td>\$ 3,090,059</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Local</td> <td></td> <td>\$ 349,947</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> <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	641	Fed	PRF	\$ 124,545			.49	Perm	741	Fed	PRF	\$ 3,090,059						Local		\$ 349,947								\$								\$								\$								\$								\$								\$								\$				
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 5.2% Base 30,609 Amount 1,592 <input type="checkbox"/> No																																																																																																	
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang		Title if other than Agency Secretary Deputy Secretary																																																																																													
		Signature 		Date 6-30-94																																																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																																	
Reviewing Analyst <u>Fossom</u> Phone <u>608-2688</u>		SAI Number <u>W1940706-137-N931614</u>		Date Received <u>7-6</u>																																																																																													
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date _____		Date Due <u>7-20</u>																																																																																													
Signature _____ Date _____																																																																																																	
COMMENTS:																																																																																																	
<input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet																																																																																																	

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

8/12 - 11 chert

August 3, 1994

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

Cold Start Data Base Development
for Alternative Transportation Fuels,
State Application Identifier Number
WI940801-217-N81502XX

Dear Mr. Robinson:

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

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

Sincerely,

J. R. Klauser

JK
James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Department of Administration		2 CFDA # <u>8.1 • 5.0.2</u>					
4 Address (Street/City/State/Zip) 101 E. Wilson Street 6th Floor P.O. Box 7868, Madison, WI 53707-7868 Contact Person Don Wichert Phone 266-7312		5 Federal Agency to Receive Request U.S. Dept of Energy					
8 Agency Project Title Cold Start Data Base Development for Alternative Transportation Fuels		6 Period of Funding Mo/Day/Year 10/1/94 9/30/95	7 Application Due Date Mo/Day/Year 8/15/94				
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates Not in Fed Not non State All list.				
13 Number of Years Previously Funded _____		10 Area of Impact Counties/States Entire State					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$25,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
142	Federal	PR-F	\$ 25,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____				<input checked="" type="checkbox"/> No			
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Nathaniel E. Robinson Signature _____		Title if other than Agency Secretary Administrator Date <u>08/10/94</u>			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Mike Heitetz</u> Phone <u>267-0370</u>		SAI Number <u>WI940801-211-1/8</u>		Date Received <u>8-1-94</u>			
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature _____ Date _____		Date Due <u>8-15-94</u>			
COMMENTS:							
<input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet							

502x

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

mailed 8/3

August 3, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Center for Disease Control and
Prevention (Wisconsin FACE Program),
State Application Identifier Number
WI940517-133-N93283XX

Dear Secretary Whitburn:

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

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

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

Sincerely,

J. R. Klauser

J.R.

James R. Klauser
Secretary

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

mailed 8/3/94

August 3, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Rehabilitation Services-Service
Projects (Wisconsin's Deaf/Blind
Initiative in Supported Employment),
State Application Identifier Number
WI940325-069-N84128XX

Dear Secretary Whitburn:

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

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

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

Sincerely,

James R. Klauser

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Projects
Rehabilitation Services - Service

1 Applicant Agency DHSS-Div. of Vocational Rehab.	2 CFDA # <u>8.4 • 128A</u>	3 Agency I.D. (Optional) VR-195-01
4 Address (Street/City/State/Zip) PO Box 7852 Madison, WI 53707-7852 Contact Person Sandy Hall Phone 267-7364	5 Federal Agency to Receive Request US Dept. of Education/RSA	
	6 Period of Funding Mo/Day/Year <u>10/94</u> <u>9/95</u>	7 Application Due Date Mo/Day/Year 3/24/94
8 Agency Project Title Wisconsin's Deaf/Blind Initiative in Supported Employment	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No W F EO</u> <u>required</u> All	
	10 Area of Impact Counties/States <u>statewide</u>	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded -0-		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>130,000</u>							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
542	Federal	PR-F	\$ \$ 130,000	.50	Proj		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard Lorang Signature <u>Richard Lorang</u>	Title if other than Agency Secretary DHSS Deputy Secretary Date 3.21.94
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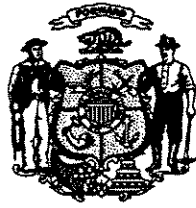
FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>S. Jablonsky</u>	Phone <u>795-160</u>	SAI Number <u>W1940325-069-108112</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date <u>7/29/94</u>	Date Received <u>3-25-94</u>
Signature <u>S. Jablonsky</u>	Date <u>7/29/94</u>	Date Due <u>4-8-94</u>

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

August 18, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Refugee and Entrant Assistance-
Discretionary Grants (Refugee Youth
Services Building) State Application
Identifier Number WI940810-237-N93576XX

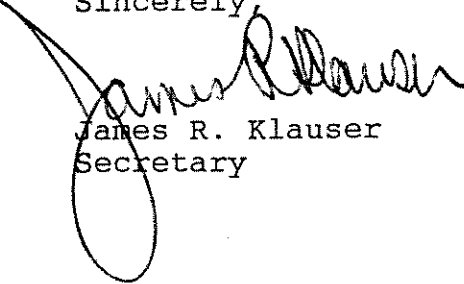
Dear Secretary Whitburn:

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

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

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

Sincerely,


James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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

Refugee & Entrant Asst. - Discretionary *Grants*

1 Applicant Agency DH&SS, Div. of Economic Support	2	3 Agency I.D. (Optional) CFDA # <u>99 • -576</u>
4 Address (Street/City/State/Zip) 1 West Wilson Street Madison WI 53707-7935 Contact Person Susan G. Levy Phone 266-0578	5 Federal Agency to Receive Request	
8 Agency Project Title Refugee Youth Services Building		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WI EO Required All
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States Statewide
13 Number of Years Previously Funded - 0 -		

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

Total Federal Funds Applied For \$78,643 first year; \$235,929 total

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
446	Federal	PR F	\$ 78,643	0		0	
Local match			\$ 26,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

we will need to submit appl. for future years - only report 78,643

15 Indirect Cost Reimbursement

Yes Rate _____ Base _____ Amount _____ No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorong Signature <i>Richard W. Lorong</i>	Title if other than Agency Secretary Deputy Secretary Date 7-22-94
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Jennifer Sajna</i> Phone <i>608-261-1919</i>	SAI Number <i>WI 940810-237-N</i>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>8-10-94</i>	
Signature <i>Jennifer Sajna</i> Date <i>8/16/94</i>	Date Due <i>8-24-94</i>	

COMMENTS: *See attached sheet.*

Comments Continued on Reverse or on a Separate Sheet

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

August 22, 1994

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

Environmental Protection Consolidated
Grants (FY95 Water Quality Management
Projects-Section 106), State Application
Identifier Number WI940701-182-N66600XX

Dear Mr. Bazzell:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

1 Applicant Agency Department of Natural Resources		2 CFDA# 66-600		3 Agency LD. (Optional) <i>462</i>																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Ed Boebel Phone 608/266-9252		5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																							
		6 Period of Funding Mo/Day/Year 10/01/94 09/30/95		7 Application Due Date Mo/Day/Year 09/01/95 <i>94</i>																																																																					
8 Agency Project Title FY'95 Funding: Water Quality Management Projects - Section 106		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates All Regional <i>None</i> <i>W</i> <i>ET</i>		10 Area of Impact Counties/States Statewide																																																																					
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																																							
13 Number of Years previously funded: 18+ years		AIE <i>6-27-94</i>																																																																							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,877,174</u>																																																																									
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Numeric Appropriation	Source	Revenue Type	Amount	New Positions						Existing Positions																																																															
				No. (FTE)	Type	No. (FTE)	Type																																																																		
241/341	Federal	PR-F	\$1,584,812	<i>NONE</i>		41.5	Perm																																																																		
846	Federal	PR-F	\$292,362																																																																						
201/301	State	GPR	\$2,661,738			70	Perm																																																																		
801	State	GPR	\$490,452																																																																						
			\$																																																																						
			\$																																																																						
			\$																																																																						
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>20.96%</u> Base <u>\$3,734,800</u> Amount <u>\$782,814</u> <input type="checkbox"/> No																																																																									
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>		Title if other than Agency Secretary Administrator - OPA Date <i>6/24/94</i>																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																									
Reviewing Analyst <i>Pat Meier</i>		Phone <i>6-7329</i>		SAI Number <i>WI40701-82-N66600.XX</i>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Pat Meier</i>		Date Received <i>7-1-94</i>																																																																					
Signature <i>Pat Meier</i>		Date <i>7/24/94</i>		Date Due <i>7-15-94</i>																																																																					

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

August 22, 1994

Raymond G. Boland
Secretary
Department of Veteran Affairs
PO Box 7843
Madison, WI 53707-7843

Supportive Housing Program (Veterans
Rehabilitation Program), State Application
Identifier Number WI940801-218-N14235ZZ

Dear Secretary Boland:

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

Supportive Housing Program

1 Applicant Agency WISCONSIN DEPARTMENT OF VETERANS AFFAIRS		2 CFDA # <u>14 • 235</u>	
4 Address (Street/City/State/Zip) 30 W. MIFFLIN STREET MADISON, WI 53707-7843 Contact Person HENRY DUDEK Phone 266-0117		5 Federal Agency to Receive Request HOUSING AND URBAN DEVELOPMENT (HUD)	
		6 Period of Funding Mo/Day/Year <u>1/1/95</u> <u>1/1/98</u>	7 Application Due Date Mo/Day/Year *8/4/94
8 Agency Project Title VETERANS REHABILITATION PROGRAM		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed</u> <u>EO</u> <u>All required</u>	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		10 Area of Impact Counties/States MONROE <i>MISS.</i> MILWAUKEE <i>SEWER</i> OUTAGAMIE <i>ECRA</i>	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____			
13 Number of Years Previously Funded <u>0</u>			
14 Funding, Allotment and Position Data (including Federal indirect costs)			

Total Federal Funds Applied For				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
HU	FED	PR - F	\$1,385,489	NONE			
JT	STATE	SEG	\$ 143,034				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) RAYMOND G. BOLAND	Title if other than Agency Secretary
Signature	Date

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Sue Jablonsky Phone 267-9546 SAI Number WI940801-2

Recommendation: Approve Approve With Conditions Deny Date Received 8-1-94

Signature S. Jablonsky Date 8/19/94 Date Due 8-4-94

8-N
14235

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

August 22, 1994

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

Air Pollution Control Program
Grant, State Application Identifier
Number WI940715-195-N66001XX

Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

1 Applicant Agency Department of Natural Resources				2 CFDA# 66.001		3 Agency I.D. (Optional) 467																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Bob Belongia Phone 608/266-1058				5 Federal Agency to Receive Request U.S. EPA - Region V																																																																							
				6 Period of Funding Mo/Day/Year 10/01/94 09/30/95		7 Application Due Date Mo/Day/Year 10/01/94																																																																					
8 Agency Project Title Air Pollution Control Program Grant				9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>needs WI</i> <i>EO</i>		10 Area of Impact Counties/States State of Wisconsin																																																																					
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																																									
13 Number of Years previously funded:				Y		All: 7-6-94																																																																					
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																											
Total Federal Funds Applied For <u>3,488,804</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>241-22</td> <td>Federal</td> <td>PR-F</td> <td>2,849,789</td> <td></td> <td></td> <td>44.5</td> <td>Perm</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.0</td> <td>Project</td> </tr> <tr> <td>341-30</td> <td>Federal</td> <td>PR-F</td> <td>63,900</td> <td></td> <td></td> <td>1.0</td> <td>Perm</td> </tr> <tr> <td>341-32</td> <td>Federal</td> <td>PR-F</td> <td>86,400</td> <td></td> <td></td> <td>1.5</td> <td>Perm</td> </tr> <tr> <td>236-22</td> <td>State</td> <td>PRO</td> <td>3,603,547</td> <td></td> <td></td> <td>50.0</td> <td>Perm</td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>587,018</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>488,715</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	241-22	Federal	PR-F	2,849,789			44.5	Perm							1.0	Project	341-30	Federal	PR-F	63,900			1.0	Perm	341-32	Federal	PR-F	86,400			1.5	Perm	236-22	State	PRO	3,603,547			50.0	Perm	801	State	GPR	587,018					846	Federal	PR-F	488,715												
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																																				
241-22	Federal	PR-F	2,849,789			44.5	Perm																																																																				
						1.0	Project																																																																				
341-30	Federal	PR-F	63,900			1.0	Perm																																																																				
341-32	Federal	PR-F	86,400			1.5	Perm																																																																				
236-22	State	PRO	3,603,547			50.0	Perm																																																																				
801	State	GPR	587,018																																																																								
846	Federal	PR-F	488,715																																																																								
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>.2096</u> Base <u>5,132,316</u> Amount <u>1,075,733</u> <input type="checkbox"/> No																																																																											
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrel L. Bazzell			Title if other than Agency Secretary Administrator - OPA																																																																						
<i>Doug Percy</i>		Signature <i>Darrel Bazzell</i>			Date 7/1/94																																																																						
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																											
Reviewing Analyst <i>Arnette Johnson</i> Phone <u>6-1039</u>				SAI Number <u>WI 940715-195-N66</u>																																																																							
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <u>7-15-94</u>																																																																							
Signature <i>Doug Percy</i> Date <u>7/25/94</u>				Date Due <u>7-29-94</u>																																																																							
COMMENTS: <u>See Attached.</u>																																																																											
<input checked="" type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet																																																																											

001
XX

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

August 22, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

State and Community-Based Childhood
Lead Poisoning Prevention Program,
State Application Identifier Number
WI940427-104-N93197XX

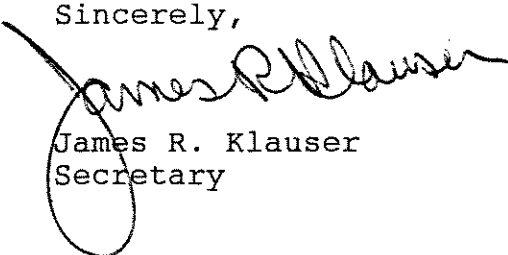
Dear Secretary Whitburn:

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

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

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

Sincerely,


James R. Klauser
Secretary

H-695-1

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

1 Applicant Agency Wisconsin Dept. of Health & Social Services		2 CFDA # <u>93 • 197</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 309 MADISON, WI 53701-0309 Contact Person Meg Ziarnik <i>Prevention</i> Phone 608-266-8154		5 Federal Agency to Receive Request DHSS; Centers for Disease Control	
8 Agency Project Title <u>State and Community-Based Childhood Lead Poisoning Program</u>		6 Period of Funding Mo/Day/Year <u>7/01/94</u> <u>6/30/95</u>	7 Application Due Date Mo/Day/Year <u>4/22/94</u>
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WT EO needed</u> All	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States <u>Statewide</u>	
13 Number of Years Previously Funded <u>3</u>			

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$773,008</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PRF	\$ 773,008.	<u>NONE</u>		1.0	perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 15. Base \$24,214 Amount \$3,632 No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard W. Lorang</i>	Date <u>4-20-94</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 608-95746 SAI Number WI 940427-104-N

Recommendation: Approve Approve With Conditions Deny Date Received 4-27-94 93191

Signature S. Jablonsky Date 8/22/94 Date Due 5-11-94 XX

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

August 22, 1994

Alan Tracy, Secretary
Department of Agriculture, Trade &
Consumer Protection
801 W. Badger Road
PO Box 8911
Madison, WI 53708-8911

FY94 Consolidated Pesticide Cooperative
Agreement, State Application Identifier
Number WI940711-192-N66700XX

Dear Secretary Tracy:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

*Program
Pesticide Enforcement*

AMENDMENT TO WI 930819-263-N66700X

1 Applicant Agency <u>WI Dept. of Agriculture</u> <u>Trade and Consumer Protection</u>	2 CFDA # <u>66-700</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) <u>801 W. Badger Road, P.O. Box 8911</u> <u>Madison, WI 53708-8911</u> Contact Person <u>Ned Zuelsdorff</u> Phone <u>608/266-7129</u>	5 Federal Agency to Receive Request <u>US EPA Region 5</u>	6 Period of Funding, Mo/Day/Year <u>10/01/93</u> <u>09/30/94</u>
8 Agency Project Title <u>FY '94 Consolidated Pesticide Cooperative Agreement</u>	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Regional Planning</u> <u>DOA</u> <i>needs WI ED</i>	7 Application Due Date Mo/Day/Year <u>8-1-93</u> 10 Area of Impact Counties/States <u>Statewide</u>
11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded <u>more than 10 years</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>103,525</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>741(CP)</u>	<u>FEDERAL</u>	<u>PR-F</u>	<u>\$ 103,525</u>	<u>NONE</u>			
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate _____ Base 0 Amount _____ No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Elizabeth Kohl</u> Signature <i>Elizabeth Kohl</i>	Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>6-30-94-192</u>
---	--	--

PAT FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: <i>[Signature]</i> Phone <u>6-7977</u>	SAI Number: <u>WI940711-263-N66700X</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received: <u>7-11-94</u>
Signature: <i>[Signature]</i> Date: <u>8/11/94</u>	Date Due: <u>7-25-94</u>

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

August 22, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Health Care Financing Research, Demonstrations
and Evaluations (Wisconsin State Rural Health
Network Reform Initiative), State Application
Identifier Number WI940225-043-N93779XX

Dear Secretary Whitburn:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Werner & Evaluation's
Health Care Financing Research

1 Applicant Agency Division of Health/Dept. of Health & Social Services	2 CFDA # <u>93-779</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson Street Madison, Wisconsin 53701 Contact Person Rick Heinz Phone 267-7122		5 Federal Agency to Receive Request DHS-Health Care Financing Administration
6 Period of Funding Mo/Day/Year <u>July 1, 1994</u> to <u>June 30, 1995</u>		7 Application Due Date Mo/Day/Year <u>February 18, 1994</u>
8 Agency Project Title <u>Wisconsin State Rural Health Network Reform Initiative</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed</u> <u>EO required</u> All
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States <u>State of Wisconsin</u>
13 Number of Years Previously Funded <u>zero</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$398,001.00</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
141	Federal	PR/F	\$398,001	3.0	Project	0	n/a
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 13.09% Base \$131,703.00 Amount \$17,239 No

16 Authorizations	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
<input type="checkbox"/> Delegated Review	Signature <i>Richard W. Lorang</i>	Date <u>2-17-94</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: <u>Joe Gattuso</u> Phone <u>267-9546</u>	SAI Number <u>WI 940225-43-N93</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>2/25/94</u>	<u>779x</u>
Signature: <u>[Signature]</u> Date: _____	Date Due <u>3-11-94</u>	
COMMENTS: <u>8/18-2005-7020 to SJ,</u> <u>2/25 - partial app to SJ.</u>		

Comments Continued on Reverse or on a Separate Sheet
210-n-... to SJ. (#125-Dual) Divilly #43,

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

August 25, 1994

Mr. William Holland
Executive Director
Wisconsin Land Information Board
Department of Administration
101 E. Wilson Street, 8th Floor
Madison, WI 53702

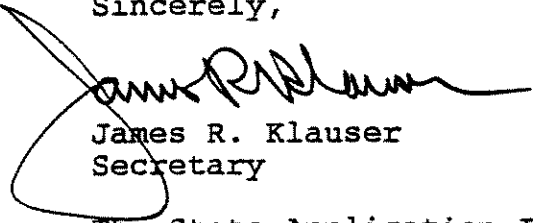
Land Information Clearinghouse/National
Spatial Data Cooperative Agreements
Program, State Application Identifier
Number WI940608-158-N15808XX

Dear Mr. Holland:

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

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

Sincerely,



James R. Klauser
Secretary

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

8/1 - Des'll send me grant

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1/30 E mailed H. P. Simon for
105T of grant.

1 Applicant Agency Wisconsin Land Information Board/DOA		2 CFDA # <u>15.808</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 101 E. Wilson St. 8th Floor P.O. Box 7844 Madison, WI 53707-7844 Contact Person William S. Holland Phone 7-2707		5 Federal Agency to Receive Request Federal Geographic Data Committee/USGS		7 Application Due Date Mo/Day/Year 6/13/94	
8 Agency Project Title Land Information Clearinghouse		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No CFDA</u> <u>No Fed</u> <u>ED</u> All		10 Area of Impact Counties/States Statewide Dodge Winnebago	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____			
13 Number of Years Previously Funded <u>0</u>		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$25,000.00</u>			
14		14		14	
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE) Type	Existing Positions No. (FTE) Type
141	Federal	PRF	\$ 25,000	None	-
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) James R. Klausner Signature _____		Title if other than Agency Secretary Date _____	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <u>Michael Herfetz</u>		Phone <u>267-0370</u>		SAI Number <u>WI 940608-158-None</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date <u>6-8-94</u>		Date Received <u>6-8-94</u>	
Signature <u>Michael Herfetz</u>		Date <u>6-8-94</u>		Date Due <u>6-13-94</u>	
COMMENTS:					

None
00X)

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

August 25, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Injury Prevention & Control Research
and State Grants Projects (Wisconsin
Firearm Surveillance), State Application
Identifier Number WI940810-238-N93136XX

Dear Secretary Whitburn:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

H-718-1

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., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/257-2125

State Grants Projects
Injury Prevention & Control Research

1 Applicant Agency Department of Health & Social Svcs.		2 CFDA # <u>93.136</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) Division of Health, Bureau of Public Health 1414 E. Washington Ave. Madison, WI 53703 Contact Person Patrick Remington, MD Phone 267-3835		5 Federal Agency to Receive Request Centers for disease Control (CDC)		7 Application Due Date Mo/Day/Year 8/1/94	
8 Agency Project Title Wisconsin Firearm Surveillance Project		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EO required</i>		10 Area of Impact Counties/States Statewide	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____			
13 Number of Years Previously Funded None					

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$198,735.00

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PR-F	\$ 198,735	1.50	PROJECT		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 15.0% Base Salaries Amount \$7,418.00 No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date 7-27-94
---	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Jablonsky Phone 9-9546 SAI Number WI 940810-238-N
 Recommendation: Approve Approve With Conditions Deny Date Received 8-10-94 9315
 Signature S. Jablonsky Date 8/22/94 Date Due 8-24-94

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

August 25, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Childhood Immunization Grants,
State Application Identifier Number
WI940802-219-N93268XX

Dear Secretary Whitburn:

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

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

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

Sincerely,



James R. Klauser
Secretary

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

August 25, 1994

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

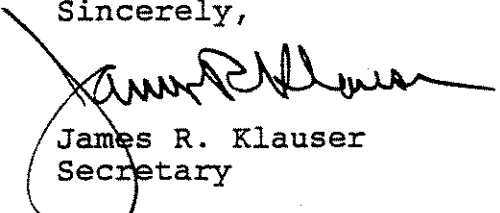
Wisconsin Clean Cities-Southeast
Area Proposal to Develop Sustainable
Alternative Fuels Infrastructure,
State Application Identifier Number
WI940818-248-N81502YY

Dear Mr. Robinson:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency DOA - DEIR	2 CFDA # <u>81 • 502</u>	3 Agency I.D. (Optional)																																																																								
4 Address (Street/City/State/Zip) 101 E. Wilson St., P.O. Box 7868 Madison, WI 53707-7868 Contact Person Jeff Knight Phone 608/267-7693	5 Federal Agency to Receive Request Department of Energy																																																																									
	6 Period of Funding Mo/Day/Year <u>1/1/95</u> <u>12/31/96</u>	7 Application Due Date Mo/Day/Year 9/1/94																																																																								
8 Agency Project Title WCC-SEA Proposal to Develop Sustainable Alternative Fuels Infrastructure	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>not in Fed</u> <u>back in state</u> All <u>list.</u>																																																																									
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States Milwaukee Co. Racine Co. Kenosha Co. Waukesha Co. Washington Co. Ozaukee Co.																																																																								
13 Number of Years Previously Funded <u>0</u>																																																																										
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>218,644</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><u>141</u></td> <td><u>Federal</u></td> <td><u>FED</u></td> <td><u>\$218,644</u></td> <td></td> <td></td> <td><u>1</u></td> <td><u>Project</u></td> </tr> <tr> <td>103</td> <td><u>State</u></td> <td><u>GPR</u></td> <td><u>\$648,910</u></td> <td></td> <td></td> <td>1</td> <td>Project</td> </tr> <tr> <td></td> <td><u>Local</u></td> <td></td> <td><u>\$3,210,725</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>\$</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>134</u></td> <td><u>State - PR</u></td> <td><u>PR</u></td> <td><u>\$</u></td> <td></td> <td></td> <td><u>.25</u></td> <td></td> </tr> <tr> <td><u>VW-Milw</u></td> <td><u>State</u></td> <td></td> <td><u>\$</u></td> <td></td> <td></td> <td><u>.60</u></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>\$</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>\$</u></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	<u>141</u>	<u>Federal</u>	<u>FED</u>	<u>\$218,644</u>			<u>1</u>	<u>Project</u>	103	<u>State</u>	<u>GPR</u>	<u>\$648,910</u>			1	Project		<u>Local</u>		<u>\$3,210,725</u>								<u>\$</u>					<u>134</u>	<u>State - PR</u>	<u>PR</u>	<u>\$</u>			<u>.25</u>		<u>VW-Milw</u>	<u>State</u>		<u>\$</u>			<u>.60</u>					<u>\$</u>								<u>\$</u>				
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103	<u>State</u>	<u>GPR</u>	<u>\$648,910</u>			1	Project																																																																			
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			<u>\$</u>																																																																							
			<u>\$</u>																																																																							
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6%</u> Base <u>\$206,268</u> Amount <u>\$12,376</u> <input type="checkbox"/> No																																																																										
16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Nathaniel E. Robinson</u> Signature _____	Title if other than Agency Secretary Administrator Date <u>08/18/94</u>																																																																								
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																										
Reviewing Analyst <u>Mike Heitatz</u> Phone <u>267-0370</u> SAI Number <u>WI 940818-248-N</u> Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date Received <u>8-18-94</u> Signature <u>Michael Heitatz</u> Date <u>8-19-94</u> Date Due <u>9-1-94</u>																																																																										

(SEWRPC)

See below

8150
44

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

August 25, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Injury Prevention & Control Research
and State Grants (Wisconsin Violence
Against Women), State Application
Identifier Number WI940803-230-N93136XX

Dear Secretary Whitburn:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

H-717-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Research & State Grants
Injury Prevention & Control

1 Applicant Agency DHSS/DOH/BPH		2 CFDA # <u>93.136</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Avenue, Room 167 Madison, WI 53703-3044		5 Federal Agency to Receive Request Dept. of Health and Human Services	
Contact Person Kenneth Baldwin Phone <u>267-9010</u>		6 Period of Funding Mo/Day/Year <u>09/01/94</u> <u>08/31/99</u>	7 Application Due Date Mo/Day/Year <u>08/01/94</u>
8 Agency Project Title Wisconsin Violence Against Women (WVAW)		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO required</u>	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other <u>0</u>		

13 Number of Years Previously Funded _____
14 Funding, Allotment and Position Data (including Federal indirect costs)

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 247,632	2	Project	0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 15% Base \$54,392.00 Amount \$18,172.00 No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print)
Richard Lorang
Signature *Richard Lorang*
Date 7-28-94
Title if other than Agency Secretary
Deputy Secretary

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Sue Jatkowsky* Phone _____ SAI Number WT940803-230-N

Recommendation: Approve Approve With Conditions Deny Date Received 8-3-94 931

Signature *Susan Jatkowsky* Date 8/22/94 Date Due 8-17-94 Lx

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

August 31, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Refugee and Entrant Assistance
(Refugee Family Violence Prevention,
Education and Intervention), State
Application Identifier Number
WI940810-236-N93576XX

Dear Secretary Whitburn:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Grants

Refugee + Entrant Asst. - Discretionary

1 Applicant/Agency Department of Health & Social Services	2 CFDA # <u>93.576</u>	3 Agency I.D. (Optional) _____
4 Address (Street/City/State/Zip) 1 West Wilson Street Madison WI 53707-7935 Contact Person Susan G. Levy Phone 266-0578	5 Federal Agency to Receive Request Department of Health & Human Services	
	6 Period of Funding Mo/Day/Year <u>10/01/94</u> <u>09/30/98</u>	7 Application Due Date Mo/Day/Year 07/25/94
8 Agency Project Title Refugee Family Violence Prevention, Education, and Intervention		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>WI EO</u> <u>required</u> All
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded _____		
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$269,700</u>		

Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
446	Federal	PR-F	\$269,700	1	Proj. Perm.		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 12.6% Base \$29,500 Amount \$3,717 No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <u>[Signature]</u>	Title if other than Agency Secretary Deputy Secretary Date <u>7-25-94</u>
---	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jennifer Sjina Phone 608-2219 SAI Number WI940810-236-N
 Recommendation: Approve Approve With Conditions Deny Date Received 8-10-94
 Signature [Signature] Date 8/22/94 Date Due 8-24-94

COMMENTS: See Attached sheet

93
576
XX

Comments Continued on Reverse or on a Separate Sheet

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-716-1

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

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

1 Applicant Agency Dept. of Health and Social Services	2 CFDA # <u>93.777</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. Box 309 Madison, WI 53701-309 Contact Person Otis L. Woods Phone 266-7952	5 Federal Agency to Receive Request Hlth Care Financi g Adm-Region V-Chicago	7 Application Due Date Mo/Day/Year In Chicago 7/29/94
8 Agency Project Title State Health Care Providers Certification	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed EO required All	10 Area of Impact Counties/States Statewide
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Contract</u>	

13 Number of Years Previously Funded _____

14 Funding, Allotment and Position Data (including Federal indirect costs)
 Total Federal Funds Applied For \$2,994,612

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
142	Federal	FED	\$ 2,994,612			31.84	FED
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 11.6% Base \$ 1,605,627 Amount \$ 186,252 No

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print) Richard W. Lorang
 Title if other than Agency Secretary Deputy Secretary-DHSS
 Signature Date 7-27-94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jim Johnson Phone 267-9546 SAI Number WI940803-231-N

Recommendation: Approve Approve With Conditions Deny Date Received 8-3-94 9377

Signature _____ Date _____ Date Due 8-17-94 X

COMMENTS:

Del

Comments Continued on Reverse or on a Separate Sheet

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

COU

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>93.568</u>					
4 Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 7935 Madison, WI 53707-7935 Contact Person Steven Tryon <i>Home</i> Phone 266-7601		5 Federal Agency to Receive Request DH&HS, ACF, Office of Community Services					
8 Agency Project Title <u>Low-Income Energy Assistance Program</u>		6 Period of Funding Mo/Day/Year <u>10-01-94</u> <u>9-30-95</u>	7 Application Due Date Mo/Day/Year 8-15-94				
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ <i>No Fed EO Required</i> All _____				
13 Number of Years Previously Funded <u>13</u>		10 Area of Impact Counties/States <u>Statewide</u>					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$51,400,000</u>							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
494	Federal	PRO-F	\$ 1,655,200	-0-		11.5	perm
495	Federal	PRO-F	\$49,744,800				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegation Review		Authorized Agency Representative (Type or Print) Richard Lorang Signature <i>Richard Lorang</i>		Title if other than Agency Secretary Deputy Secretary Date <u>5-23-94</u>			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>Wretchen Johnson</i> Phone <u>266-2288</u>		SAI Number <u>WT940810-284-N</u>		Date Received <u>8-10-94</u>			
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature _____ Date _____		Date Due <u>9/30/94</u>			
XX							

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Dept. of Industry, Labor & Human Relations		2 CFDA # <u>17 • 002</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P. O. Box 7946 (201 E. Washington Ave.) Madison, WI 53707 Contact Person <u>Debbie Benish</u> Phone <u>266-5747</u>		5 Federal Agency to Receive Request USDOL	
		6 Period of Funding Mo/Day/Year <u>10/01/94</u> <u>09/30/95</u>	7 Application Due Date Mo/Day/Year <u>08/26/94</u>
8 Agency Project Title <u>Labor Force Statistics</u> <u>(BLS Basic Grant)</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO</u> <u>required</u> All	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	
13 Number of Years Previously Funded <u>more than 5 years</u>		10 Area of Impact Counties/States <u>Statewide</u>	

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

Total Federal Funds Applied For \$1,440,970

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
151	Federal	PR-F	\$ 1,434,584			19.73	Perm.
153-Indirect	Federal	PR-F	\$ 6,386				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate .97% Base \$658,671 Amount \$6,386 No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Debbie Benish</u>	Title if other than Agency Secretary <u>Budget Analyst</u>
	Signature <u>Debbie Benish</u>	Date <u>8-2-94</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Calando Cento</u> Phone <u>266-1103</u>	SAI Number <u>WI940810-240-N</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>8-10-94</u>
Signature <u>[Signature]</u> Date <u>8/11/94</u>	Date Due <u>8-26-94</u>

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Dept. of Industry, Labor & Human Relations		2 CFDA # <u>17.002</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P. O. Box 7946 (201 E. Washington Ave.) Madison, WI 53707 Contact Person Debbie Benish Phone 266-5747		5 Federal Agency to Receive Request IISDOI	
8 Agency Project Title Labor Force Statistics (BLS Basic Grant)		6 Period of Funding Mo/Day/Year 10/01/94 09/30/95	7 Application Due Date Mo/Day/Year 08/26/94
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed. E.O. required All	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other		10 Area of Impact Counties/States Statewide	
13 Number of Years Previously Funded <u>more than 5 years</u>			
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,440,970</u>			

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
151	Federal	PR-F	\$1,434,584			19.73	Perm.
153-Indirect	Federal	PR-F	\$ 6,386				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate .97% Base \$658,671 Amount \$6,386 No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Debbie Benish	Title if other than Agency Secretary Budget Analyst
Signature <i>Debbie Benish</i>	Date 8-2-94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Galardo Cantu Phone 266-1103 SAI Number WI 940810-246-N
 Recommendation: Approve Approve With Conditions Deny
 Signature: _____ Date: _____ Date Received: 8-10-94 Date Due: Del.
 COMMENTS: _____

17002
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency <u>Department of Industry, Labor & Human Relations</u>	2 CFDA # <u>17 • 245</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) <u>201 E. Washington Avenue Madison, Wisconsin 53707</u>	5 Federal Agency to Receive Request	
Contact Person <u>Gay Spink Phone 608-266-5746</u>	6 Period of Funding Mo/Day/Year <u>Oct. 1, 1993</u> <u>Sept. 30, 1994</u>	7 Application Due Date Mo/Day/Year <u>03/16/94</u>
8 Agency Project Title <u>Trade Adjustment Assistance</u>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>no Fed EO</u>	10 Area of Impact Counties/Stater <u>Statewide</u>
11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded _____		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>920,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
151	Federal	PR-F	\$ 119,375				
NA	Federal		\$ 800,000				
153	Federal	PR-F	\$ 625				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>.0097</u> Base <u>\$64,500</u> Amount <u>\$625</u>				<input type="checkbox"/> No			
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>Gay Spink</u> Signature <u>Gay Spink</u>		Title if other than Agency Secretary <u>Budget Analyst</u> Date <u>8-5-94</u>			

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Orlando Cortes</u>	Phone <u>61103</u>	SAI Number <u>WI940810-24</u>	
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>8-60-94</u>	Date Due <u>Dec</u>	
Signature _____	Date _____		
COMMENTS:			

-N/M
245
XX

Comments Continued on Reverse or on a Separate Sheet

241 - same to OC

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

Disabilities
Grants to Infant + Families w/

1 Applicant Agency Department of Health and Social Services		2 CFDA # <u>84.181</u>		3 Agency I.D. (Optional) DCS - 797-01	
4 Address (Street/City/State/Zip) Division of Community Services P.O. Box 7851, Madison, WI 53707 Contact Person Susan Robbins Phone (608) 267-3270			5 Federal Agency to Receive Request Department of Education		7 Application Due Date Mo/Day/Year 7/1/94
8 Agency Project Title Birth to Three Program			9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates Excluded from State review requirement. <i>no WI EO Required</i>		10 Area of Impact Counties/States statewide
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____			
13 Number of Years Previously Funded <u>7</u>					

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$4,136,450

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
641/749	FED	PRF	\$4,136,450			3	Perm
			\$			2	Project
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement DOH 15% \$47,800 \$7,170
 Yes Rate DCS 5.2% Base \$126,740 Amount \$6,590 No

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print) Richard W. Lorang
 Signature [Signature]
 Title if other than Agency Secretary Deputy Secretary
 Date 7-8-94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Dwight J. Jasson Phone 608-2288 SAI Number WI 940810-244-N
 Recommendation: Approve Approve With Conditions Deny Date Received 8-10-94
 Signature _____ Date _____ Date Due Dec 1

COMMENTS:

84181
X

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

*Community Mental Health Services
Related to Block Grant For
Grants for Technical Asst. Activities*

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>93.128</u>	3 Agency I.D. (Optional) <u>DCS-956-1</u>
4 Address (Street/City/State/Zip) 1 West Wilson Street Madison, WI 53702 Contact Person Martha Mallon Phone: 608/266-6661		5 Federal Agency to Receive Request DHHS/SAMHSA	
8 Agency Project Title <u>Mental Health Data Project</u>		6 Period of Funding Mo/Day/Year <u>09/01/94</u> <u>08/31/95</u>	7 Application Due Date Mo/Day/Year 08/08/94
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO</u> <u>Required</u> All	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Statewide	
13 Number of Years Previously Funded <u>2</u>			

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

Total Federal Funds Applied For \$100,391

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
641	Federal	PR-F	\$ 100,391			.7	PERM
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 5.2 Base 22,604 Amount 1,175 No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard W. Lorang</i>	Date 7-29-94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Debbie Fossom Phone 622-288 SAI Number WI940810-242-N

Recommendation: Approve Approve With Conditions Deny Date Received 8-10-94

Signature _____ Date _____ Date Due Del.

COMMENTS:

93128
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>93 . 5 6 9</u>	3 Agency I.D. (Optional)																																																																												
4 Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 7935 Madison, WI 53707-7935		5 Federal Agency to Receive Request DH&HS; ACF; Office of Community Services																																																																													
Contact Person Susan G. Levy Phone 266-0578		6 Period of Funding Mo/Day/Year <u>10-01-94</u> <u>09-30-95</u>	7 Application Due Date Mo/Day/Year 8/15/94																																																																												
8 Agency Project Title <u>Community Services Block Grant</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed</u> <u>to required</u> All																																																																													
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States <u>Statewide</u>																																																																													
13 Number of Years Previously Funded <u>13</u>		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$4,742,302</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>496</td> <td>Federal</td> <td>PRO-F</td> <td>\$ 233,044</td> <td></td> <td></td> <td>4.5</td> <td>Perm.</td> </tr> <tr> <td>497</td> <td>Federal</td> <td>PRO-F</td> <td>\$ 4,509,258</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	496	Federal	PRO-F	\$ 233,044			4.5	Perm.	497	Federal	PRO-F	\$ 4,509,258								\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																																					
				No. (FTE)	Type	No. (FTE)	Type																																																																								
496	Federal	PRO-F	\$ 233,044			4.5	Perm.																																																																								
497	Federal	PRO-F	\$ 4,509,258																																																																												
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No																																																																															
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>Richard Lorang</u> Signature <u>[Signature]</u> Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>5-23-94</u>																																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																															
Reviewing Analyst <u>[Signature]</u> Phone <u>266-5288</u>		SAI Number <u>WT 940810-2</u>																																																																													
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>8-10-94</u>																																																																													
Signature _____ Date _____		Date Due <u>[Signature]</u>																																																																													
COMMENTS:																																																																															

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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

6001

1 Applicant Agency Department of Health & Social Services	2 CFDA # <u>93.667</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 7850 Madison, WI 53707-7850 Contact Person Richard Kiley Phone 266-7336	5 Federal Agency to Receive Request DH&HS; Admin. for Children & Families	
	6 Period of Funding Mo/Day/Year <u>10/01/94</u> <u>9/30/95</u>	7 Application Due Date Mo/Day/Year 8/15/94
8 Agency Project Title FFY 1995 Social Services Block Grant	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Ms Jedd EO required</i>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States Statewide
13 Number of Years Previously Funded <u>more than 5</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$54,653,975</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
692	Federal	PR-F	\$ 6,788,100			129.2	Perm.
792	Federal	PR-F	\$47,726,175				
798	Federal	PR-F	\$ 139,700				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard Lorang Signature <i>Richard Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date 5-18-94
--	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Jennifer Jajna* Phone 6-8219 SAI Number WI940810-235-N
 Recommendation: Approve Approve With Conditions Deny Date Received 8-10-94 *93661*
 Signature _____ Date _____ Date Due Del. *XX*

COMMENTS:

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

Federal-State Relations Office
101 S. Webster St., 5th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

Rehab. Unit In-Service
Rehab. Training - State Vocational

1 Applicant Agency DHSS, Div. of Vocational Rehabilitation	2 CFDA # 8 4 2 6 5	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. Box 7852, 1 W. Wilson St. Madison, WI 53707-7852 Contact Person Joan R. Gade Phone 608)267-6725	5 Federal Agency to Receive Request Department of Education Region V	6 Period of Funding Mo/Day/Year 10/01/94 09/30/97
7 Application Due Date Mo/Day/Year 08/08/94	8 Agency Project Title Staff Development and Training	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no out ed</i>
10 Area of Impact Counties/States Statewide	11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other
13 Number of Years Previously Funded more than 5	14 Funding, Allotment and Position Data (including Federal indirect costs)	

Total Federal Funds Applied For \$111,602				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
542	Federal	PR-F	\$ 111,602				
501/533	State	GPR/PRO	\$ 12,400				
541/502*	Fed/State		\$ 44,094				
*Supplement, not match			\$ <i>Ele 494</i>				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
Signature <i>Richard W. Lorang</i>	Date 8-7-94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Aue Jablonsky* Phone _____ SAI Number *WI9408/1-216N*

Recommendation: Approve Approve With Conditions Deny Date Received *8-11-94*

Signature _____ Date _____ Date Due *Del*

8/26/94
X

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

1 Applicant Agency Dept. of Industry, Labor & Human Relations	2 17.801 and CFDA # <u>17 • 804</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P. O. Box 7946 Madison, WI 53707 Contact Person Jack Bischel Phone 267-7277	5 Federal Agency to Receive Request USDOL/Veterans Employment & Training Serv.	
8 Agency Project Title Disabled Veterans Outreach Program (DVOP) & Local Veterans Employment Representative (LVER)	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WI EO	7 Application Due Date Mo/Day/Year 08/12/94
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	6 Period of Funding Mo/Day/Year 10/01/94 09/30/95
13 Number of Years Previously Funded <u>more than 5 years</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$4,290,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
151	Federal	PR-F	\$ 4,268,526			73.55	Perm.
153-Indirect	Federal	PR-F	\$ 21,474				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate .97% Base \$2,214,000 Amount \$21,474 No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Debbie Benish Signature 	Title if other than Agency Secretary Budget Analyst Date 8-12-94
--	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Olando Castro Phone 6-1103 SAI Number WI 940819-253-N/11
 Recommendation: Approve Approve With Conditions Deny Date Received 8-19-94
 Signature Date _____ Date Due Del.

801(4)
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
101 S. Webster St., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/257-2125

Refugee & Entrant Assistance Discret

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>93.576</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) Division of Economic Support 1 W. Wilson Street, P.O. Box 7935, Contact Person Madison WI 53707-7935 Susan G. Levy Phone 266-0578		5 Federal Agency to Receive Request Department of Health & Human Services	
		6 Period of Funding Mo/Day/Year <u>10/01/94</u> <u>09/30/95</u>	7 Application Due Date Mo/Day/Year <u>08/15/94</u>
8 Agency Project Title Refugee Services Program		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI</u> <u>EO</u>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded <u>19</u>		10 Area of Impact Counties/States Statewide	

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

Total Federal Funds Applied For \$2,334,749.00

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<u>442/446</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 2,334,749</u>	<u>0</u>		<u>5.30</u>	<u>Per</u>
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u> Signature <u>[Signature]</u>	Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>8-12-94</u>
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jennifer Layna Phone 266-8269 SAI Number WI 940819-252

Recommendation: Approve Approve With Conditions Deny Date Received 8-19-94

Signature _____ Date _____ Date Due Del.

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

N93
576
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

Discretionary Grants
Refugee + Entrant Assistance

1 Applicant Agency Department of Health & Social Services	2 CFDA # <u>93 576</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson Street Madison, WI 53703 Contact Person Susan Levy Phone 266-0578	5 Federal Agency to Receive Request Office of Refugee Resettlement	
	6 Period of Funding Mo/Day/Year 10-1-94 9-30-95	7 Application Due Date Mo/Day/Year 8/15/94
8 Agency Project Title Refugee Services Plan <i>FR95</i>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No w/</i> <i>EO</i> All	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other
13 Number of Years Previously Funded		10 Area of Impact Counties/States Statewide

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For: <u>\$875,114</u>							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
446	Federal	PR-F	\$ 875,114				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
<input checked="" type="checkbox"/> Delegated Review	Signature <i>Richard W. Lorang</i>	Date 8-12-94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Jennifer Layna* Phone 266-8219 SAI Number *W190219-251-N*
 Recommendation: Approve Approve With Conditions Deny Date Received *8-19-94*
 Signature _____ Date _____ Date Due *Del.*

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

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1 Applicant Agency Dept. of Health & Social Services		2 CFDA # <u>10-561</u>																																																																																	
4 Address (Street/City/State/Zip) 1 West Wilson St. Madison, WI 53703 Contact Person Joan Lockyear Phone 7-1430		3 Agency I.D. (Optional) DES-104-1																																																																																	
8 Agency Project Title Family Nutrition Education Project <i>State Administrative Matchie</i>		5 Federal Agency to Receive Request USDA - Food & Nutrition Service																																																																																	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		6 Period of Funding Mo/Day/Year 10-1-94 9-30-95																																																																																	
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14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,770,817</u>		10 Area of Impact Counties/States Statewide																																																																																	
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																			
Reviewing Analyst <i>Jennifer Sajna</i> Phone <i>6-8219</i>		SAI Number <i>WI940823-258</i>																																																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>8-23-94</i>																																																																																	
Signature _____ Date _____		Date Due <i>9-15-94</i>																																																																																	
COMMENTS:																																																																																			

NEW YORK STATE
 ALBANY

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WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-720-1

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

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

1 Applicant Agency <u>Wisconsin Department of Health and Social Services</u>		2 CFDA # <u>93 • 944</u>		3 Agency I.D. (Optional) _____																																																																														
4 Address (Street/City/State/Zip) <u>1 West Wilson Street, P.O. Box 309 Madison WI 53701-0309</u> Contact Person <u>James M. Vergeront, M.D. Phone 608/266-9853</u>		5 Federal Agency to Receive Request <u>Centers for Disease Control & Prevention</u>		7 Application Due Date Mo/Day/Year <u>09/01/94</u>																																																																														
8 Agency Project Title <u>HIV/AIDS Surveillance & Seroprevalence</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI</u> <u>CO</u> <u>Regener</u> All		10 Area of Impact Counties/States <u>Statewide</u>																																																																														
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Reviewing Analyst <u>[Signature]</u> Phone <u>7-9546</u>		SAI Number <u>WI 94023-263-N</u>		Date Received <u>8-31-94</u>																																																																														
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature _____ Date _____		Date Due <u>Del.</u>																																																																														
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