

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
10<sup>th</sup> East Wilson Street, Madison, Wisconsin



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

September 1, 1994

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

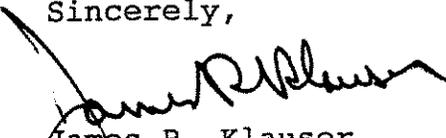
Vocational Education--Cooperative  
Demonstration (Comprehensive  
Employment Project), State Application  
Identifier Number WI940831-272-N84199YY

Dear Secretary Sullivan:

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

## WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

<b>1</b> Applicant Agency Wisconsin Department of Corrections		<b>2</b> CFDA # <u>84.199</u>		<b>3</b> Agency I.D. (Optional)		
<b>4</b> Address (Street/City/State/Zip) 149 E. Wilson Street Madison, WI 53702 Contact Person Tracy Bredeson Phone 266-7574		<b>5</b> Federal Agency to Receive Request U.S. Dept. of Education		<b>6</b> Period of Funding Mo/Day/Year 1/1/95- 12/31/96		
<b>8</b> Agency Project Title Comprehensive Employment Project		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WI EO required		<b>7</b> Application Due Date Mo/Day/Year Sept. 2, 1994		
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		<b>10</b> Area of Impact Counties/States Milwaukee		
<b>13</b> Number of Years Previously Funded <u>n/a</u>		<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$432,014 (2 years)</u>				
	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE) Type	Existing Positions No. (FTE) Type
	167	Fed	PROF	\$ 217,007	2.0 Proj.	
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
<b>15</b> Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No						
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Michael J. Sullivan Signature <i>Michael J. Sullivan</i>		Title if other than Agency Secretary Date September 2, 1994		
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>						
Reviewing Analyst <u>ROGER FETTERLY</u> Phone <u>266-2213</u>		SAI Number <u>WI940831-272-N84</u>		Date Received <u>8-31-94</u>		
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Roger Fetterly</u> Date <u>8/31/94</u>		Date Due <u>9/2/94</u>		

199  
111

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

September 6, 1994

Dr. H. Nicholas Muller, III  
Director  
State Historical Society  
of Wisconsin  
816 State Street  
Madison, WI 53706

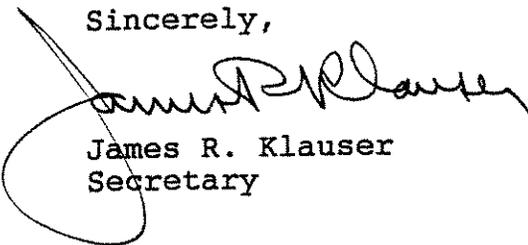
National Historical Publications and  
Records Grants (Compendium of Practice  
for Historical Documentary Editing),  
State Application Identifier Number  
WI940831-269-N89003YY

Dear Dr. Muller:

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

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

Sincerely,



James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

Federal-State Relations Office  
101 S. Webster St., 16th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

Records Coments.  
National Historical Publications

<b>1</b> Applicant Agency State Historical Society of Wisconsin <b>4</b> Address (Street/City/State/Zip) 816 State Street Madison, WI 53706 Contact Person Michael E. Stevens Phone 608-264-6464	<b>2</b> CFDA # <u>89.003</u>	<b>3</b> Agency I.D. (Optional)
<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WI EO required All	<b>5</b> Federal Agency to Receive Request National Historical Publications and Records Commission <b>6</b> Period of Funding Mo/Day/Year 7/1/95 6/30/97 <b>7</b> Application Due Date Mo/Day/Year 10/1/94	
<b>8</b> Agency Project Title Compendium of Practice for Historical Documentory Editing	<b>10</b> Area of Impact Counties/States Dane, WI	
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	
<b>13</b> Number of Years Previously Funded <u>0</u>		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For <u>\$58,367</u>						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
101	State	GPR	\$ 34,637			0.2 Perm
141	Federal	PR-F	\$ 43,767	0.5	Proj.	
141	Federal	PR-F	\$ 14,600			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

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

<b>16</b> Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Robert B. Thomasgard, Jr. Signature <i>Robert B. Thomasgard</i>	Title if other than Agency Secretary Associate Director Date 8/25/94
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Orlando Conto</u> Phone <u>6-1103</u>	SAI Number <u>WI 940831-209-1</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>8-31-94</u>	890 34
Signature <i>Orlando Conto</i> Date <u>9/6/94</u>	Date Due <u>9-14-94</u>	
COMMENTS:		

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

September 14, 1994

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

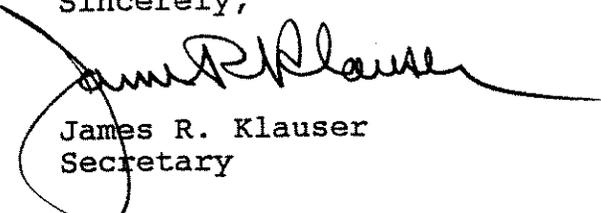
Nutrition Education and Training  
Program, State Application Identifier  
Number WI940823-257-N10564XX

Dear Superintendent Benson:

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

<b>1</b> Applicant Agency Dept. of Public Instruction		<b>2</b> CFDA # <u>10 • 564</u>		<b>3</b> Agency I.D. (Optional)																																																																			
<b>4</b> Address (Street/City/State/Zip) 125 S. Webster St., P.O. Box 7841 Madison, WI 53707-7841 Contact Person Rich Mortensen/Dean Gagnon Phone (608) 266-3509		<b>5</b> Federal Agency to Receive Request USDA-FNS, MWRO Chicago IL		<b>6</b> Period of Funding Mo/Day/Year <u>10/1/94</u>																																																																			
<b>8</b> Agency Project Title <i>Nutrition Education Training</i>		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7</b> Application Due Date Mo/Day/Year <u>8/15/94</u>																																																																			
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		<b>10</b> Area of Impact Counties/States <i>Statewide</i>																																																																			
<b>13</b> Number of Years Previously Funded <u>15</u>		Clearinghouses: Notified _____ Dates _____		All _____																																																																			
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>190,000</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%;">Existing Positions No. (FTE)</th> </tr> </thead> <tbody> <tr> <td>100-3409-</td> <td>Federal</td> <td>PR-F</td> <td>\$190,000</td> <td><i>NONE</i></td> <td>2.0</td> </tr> <tr> <td>38-EQ-4000</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> </tr> </tbody> </table>						Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)	100-3409-	Federal	PR-F	\$190,000	<i>NONE</i>	2.0	38-EQ-4000			\$						\$						\$						\$						\$						\$						\$						\$						\$		
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)																																																																		
100-3409-	Federal	PR-F	\$190,000	<i>NONE</i>	2.0																																																																		
38-EQ-4000			\$																																																																				
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<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate _____ Base _____ Amount <u>\$ 4,184</u> <input type="checkbox"/> No																																																																							
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) John T. Benson Signature <i>John Benson</i>		Title if other than Agency Secretary State Superintendent Date _____																																																																			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																							
Reviewing Analyst <i>Rob Crane</i> Phone <u>6-1923</u>		SAI Number <u>WI 940523-257-N</u>		Date Received <u>8-23-94</u>																																																																			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Rob Crane</i> Date <u>9-6-94</u>		Date Due <u>9-6-94</u>																																																																			

1056

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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



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

September 14, 1994

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

Hazardous Substance Response Trust  
Fund (Superfund Site Assessment),  
State Application Identifier  
Number WI940819-256-N66802XX

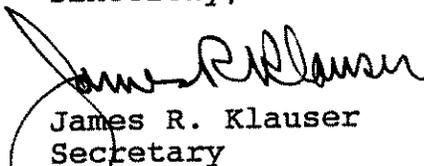
Dear Mr. Bazzell:

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

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

<b>1</b> Applicant Agency Department of Natural Resources				<b>2</b> CFDA# 66 - 802		<b>3</b> Agency I.D. (Optional) 476																																																																					
<b>4</b> Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person Robin Schmidt Phone 267-7569				<b>5</b> Federal Agency to Receive Request US EPA Region V																																																																							
<b>6</b> Period of Funding Mo/Day/Year 10/01/94 09/30/96				<b>7</b> Application Due Date Mo/Day/Year 09/01/94																																																																							
<b>8</b> Agency Project Title Superfund Site Assessment				<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified    Dates		<b>10</b> Area of Impact Counties/States STATEWIDE																																																																					
<b>11</b> Type of Application New Grant  <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>12</b> Type of Assistance Grant  <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		All: 8-16-94																																																																							
<b>13</b> Number of Years previously funded: 9																																																																											
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)																																																																											
Total Federal Funds Applied For \$1,303,358																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>O2-241</td> <td>FED</td> <td>PRF</td> <td>\$1,139,714</td> <td></td> <td></td> <td>8</td> <td>Perm</td> </tr> <tr> <td>O2-241</td> <td>FED</td> <td>PRF</td> <td>\$w/Perm</td> <td></td> <td></td> <td>1</td> <td>Proj</td> </tr> <tr> <td>O2-846</td> <td>Indirect</td> <td>PRF</td> <td>\$163,644</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	O2-241	FED	PRF	\$1,139,714			8	Perm	O2-241	FED	PRF	\$w/Perm			1	Proj	O2-846	Indirect	PRF	\$163,644								\$								\$								\$								\$				
Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																					
				No. (FTE)	Type	No. (FTE)	Type																																																																				
O2-241	FED	PRF	\$1,139,714			8	Perm																																																																				
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O2-846	Indirect	PRF	\$163,644																																																																								
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<b>15</b> Indirect Cost Reimbursement <input type="checkbox"/> Yes    Rate <u>23.28</u> Base \$702,939    Amount \$163,644 <input type="checkbox"/> No																																																																											
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrel L. Bazzell		Title if other than Agency Secretary Administrator - OPA																																																																							
		Signature <i>Darrel Bazzell</i>		Date 8/12/94																																																																							
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																											
Reviewing Analyst <i>Stacy Moore</i>		Phone <u>6-19173</u>		SAI Number <u>WI940819-256-N</u>																																																																							
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>David Alchmeduk</i>		Date <u>9/9/94</u>		Date Received <u>8-19-94</u>																																																																					
Signature		Date		Date Due <u>9-1-94</u>		6680 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

September 14, 1994

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

Mammography Quality Standards Act  
State Application Identifier Number  
WI940823-259-N00000XX

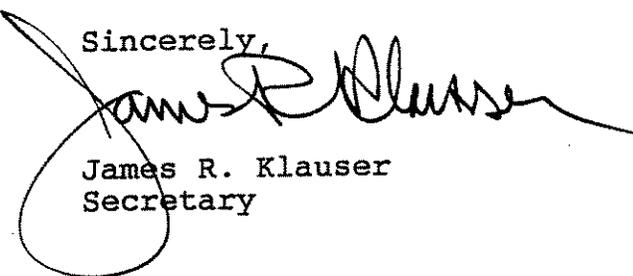
Dear Secretary Whitburn:

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 5-89)  
Formerly FDA 501

Federal-State Relations Office  
101 S. Webster St., 8th Floor  
P.O. Box 7888  
Madison, WI 53707-7888  
Telephone 608/267-3125

H-719-1  
AUG 18 1994

<b>1 Applicant Agency</b> Department of Health & Social Services	<b>2</b> CFDA # _____
<b>4 Address (Street/City/State/Zip)</b> 1414 E. Washington Ave., Room 96 Madison WI 53703 Contact Person Mark Bunge Phone 7-4784	<b>5 Federal Agency to Receive Request</b> Department of Health & Human Services
<b>8 Agency Project Title</b> Mammography Quality Standards Act (MQSA)	<b>6 Period of Funding Mo/Day/Year</b> 9/30/94 12/31/95
<b>11 Type of Application</b> <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>7 Application Due Date Mo/Day/Year</b> 8/8/94
<b>12 Type of Assistance</b> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>9 Executive Order 12372 Review Required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No CFDA# All
<b>13 Number of Years Previously Funded</b> _____	<b>10 Area of Impact</b> Counties/States Statewide

<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b>							
Total Federal Funds Applied For <u>\$241,590</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	PRF	Federal	\$ 241,590	2.0	Perm	(1.0)*	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

\*eliminating 1.0 FTE from appropriation number 142

**15 Indirect Cost Reimbursement**  
 Yes Rate 15% Base 115,476 Amount \$17,321  No

<b>16 Authorizations</b>	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 8-15-94

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Sue Jablonka</u> Phone <u>7-9546</u>	SAI Number <u>WI940823-257-1</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>8-23-94</u>	0006
Signature <u>S. Jablonka</u> Date <u>9/1/94</u>	Date Due <u>9-6-94</u>	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

September 14, 1994

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

Water Pollution Control-Research,  
Development and Demonstrations  
(Agricultural Clean Sweep Program),  
State Application Identifier  
Number WI940811-245-N66505ZZ

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.

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

Water Pollution Control - Res beu + Demo

<b>1</b> Applicant Agency <u>WI Dept. of Agriculture Trade &amp; Consumer Protection</u>	<b>2</b> CFDA # <u>66.505</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) <u>P.O. Box 8911</u> <u>801 W. Badger Road</u> Contact Person <u>Madison, WI 53708</u> <u>Ned Zuelsdorff</u> Phone <u>608/266-7129</u>	<b>5</b> Federal Agency to Receive Request <u>IIS EPA Region 5</u>	
<b>6</b> Period of Funding Mo/Day/Year <u>10-1-94</u> <u>9-30-95</u>		<b>7</b> Application Due Date Mo/Day/Year
<b>8</b> Agency Project Title <u>Agricultural Clean Sweep Program</u>		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ <u>Regional Planning</u> <u>Commissions 8-5-94</u> All <u>NO WT</u>
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		<b>10</b> Area of Impact Counties/States <u>Great Lakes Basin</u>
<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		Existing Positions No. (FTE) Type
<b>13</b> Number of Years Previously Funded <u>4</u>		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>100,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
			\$	<u>NONE</u>			
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

**16** Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print) <u>Elizabeth Kohl</u>	Title if other than Agency Secretary <u>Deputy Secretary</u>
Signature <u>Elizabeth Kohl</u>	Date <u>8-8-94</u>

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Laura Koskinen</u> Phone <u>6-7597</u>	SAI Number <u>WI940811-215-1</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>8-11-94</u>	665 22
Signature <u>Dan Plchmede</u> Date <u>9/8/94</u>	Date Due <u>8-25-94</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

September 14, 1994

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

Clean Bay Backer Water Quality Pamphlet,  
State Application Identifier Number  
WI940831-274-N00000YY

Dear Mr. Bazzell:

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

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

Sincerely,

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

James R. Klauser  
Secretary

## WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

1 Applicant Agency Department of Natural Resources				2 CFDA#		3 Agency I.D. (Optional) 481																																																																															
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 Great Lakes Commission - <i>Non-Federal</i>																																																																																	
				6 Period of Funding Mo/Day/Year 08/01/94 07/31/95		7 Application Due Date Mo/Day/Year 06/01/94																																																																															
8 Agency Project Title Clean Bay Backer Water Quality Pamphlet				9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Clearinghouses: Notified Dates <i>No CFDA#</i>		10 Area of Impact Counties/States Brown County																																																																															
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				All																																																																																	
14 Funding, Allotment and Position Data (including Federal indirect costs)  Total Federal Funds Applied For <u>\$10,000</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 colspan="2" style="width: 20%;">New Positions</th> <th colspan="2" style="width: 20%;">Existing Positions</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$10,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Local-match</td> <td>in-kind</td> <td>\$2,500</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	241	Federal	PR-F	\$10,000						Local-match	in-kind	\$2,500								\$								\$								\$								\$								\$					<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">New Positions</th> <th style="width: 15%;">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>NONE</i></td> <td></td> </tr> </tbody> </table>				New Positions	Existing Positions	No. (FTE)	Type	<i>NONE</i>	
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																															
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																																					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell  Signature <i>Darrell Bazzell</i>			Title if other than Agency Secretary Administrator - OPA  Date <i>8/12/94</i>																																																																																
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																					
Reviewing Analyst <i>Gene Schmiedicke</i> Phone <i>266-1040</i>				SAI Number <i>WI 94-0831-274-N</i>																																																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <i>8-31-94</i>																																																																																	
Signature <i>Gene Schmiedicke</i> Date <i>9/8/94</i>				Date Due <i>9-14-94</i>																																																																																	

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

September 14, 1994

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

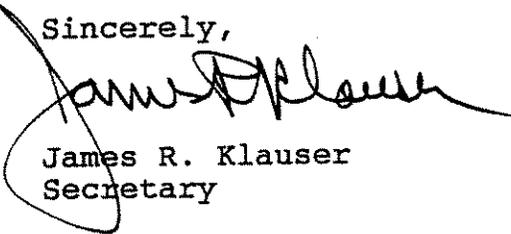
Implementation Grant for One-Stop  
Career Center, State Application  
Identifier Number WI940913-279-N00000XX

Dear Secretary Skornicka:

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

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

Sincerely,

  
James R. Klauser  
Secretary

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



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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

September 15, 1994

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

Food Stamp Employment and Training  
Program-FFY95 Plan, State Application  
Identifier Number WI940831-273-N00000XX

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 black ink, appearing to read "James R. Klauser", written over a large, stylized flourish that loops around the name.

James R. Klauser  
Secretary

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

<b>1</b> Applicant Agency Department of Health & Social Services		<b>2</b> CFDA # <u>00.000</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) Division of Economic Support 1 West Wilson Street, Madison WI 53707  Contact Person Tad Mengesha Phone (608)266-2710		<b>5</b> Federal Agency to Receive Request USDA-Food and Nutrition Service	
<b>8</b> Agency Project Title Food Stamp Employment & Training Program <u>FFY 95 Plan</u>		<b>6</b> Period of Funding Mo/Day/Year <u>10/1/94</u> <u>09/30/95</u>	<b>7</b> Application Due Date Mo/Day/Year August 15, 1994
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No CFDA #</u> _____ _____ _____ All	
<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		<b>10</b> Area of Impact Counties/States _____ _____ _____ _____	
<b>13</b> Number of Years Previously Funded _____			

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$17,796,367</u>							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
444	Federal	PRO-F	\$ 237,405	<u>None</u>		1.0	Perm
458	Federal	PRO-F	\$17,473,912				
459	Federal	PRO-F	\$ 85,050				
401	State	GPR	\$ 237,405				
476	State	GPR	\$ 142,772				
477	State	GPR	\$ 2,512,193				
	Local		\$ <u>14,035,012</u>				
			\$ _____				

**15** Indirect Cost Reimbursement  
 Yes Rate 13% Base \$45,666 Amount ~~\$5,937~~ \$4,424  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 8-12-94

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst [Signature] Phone 6-8219 SAI Number WI94023-273-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 8-31-94  
 Signature [Signature] Date 9/14/94 Date Due 9-14-94

000  
00

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



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

September 22, 1994

Steven D. Sell  
Executive Director  
Office of Justice Assistance  
222 State Street - 2nd Floor  
Madison, WI 53702

Drug Control and System Improvement  
(FFY95 Edward Byrne Formula Grant),  
State Application Identifier Number  
WI940919-288-N16579XX

Dear Mr. Sell:

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

Formula Grant  
Drug Control + System Improvement

<b>1</b> Applicant Agency Wisconsin Office of Justice Assistance		<b>2</b> CFDA # <u>16 • 573</u>		<b>3</b> Agency I.D. (Optional) 95-01 Anti-Drug				
<b>4</b> Address (Street/City/State/Zip) 222 State Street, Second Floor Madison, WI 53702 Contact Person Linda Miller Phone 266-9653		<b>5</b> Federal Agency to Receive Request U.S. Department of Justice		<b>6</b> Period of Funding Mo/Day/Year <u>10-01-94</u> <u>09-30-97</u>				
<b>8</b> Agency Project Title FFY '95 Edward Byrne Formula Grant Program		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates WI Dept. of Administration <u>9-14-94</u> All <i>no WI EC required</i>		<b>10</b> Area of Impact Counties/States  Statewide				
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____							
<b>13</b> Number of Years Previously Funded <u>7</u>		<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>8,594,000</u>						
	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
	620	Penalty Ast.	PR	\$ 1,032,649	<i>NONE</i>			
	621	Penalty Ast.	PR	\$ 1,054,752				
	630	Penalty Ast.	PRS	\$ 101,800			1.40	PERM
	646	Federal	PRF	\$ 5,163,649				
	647	Federal	PRF	\$ 3,430,756			4.00	PERM
		Local/NonOJA	Local	\$ 688,433			.80	Unclass
				\$			.40	Proj.
				\$				
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.0%</u> Base <u>205,847</u> Amount <u>12,351</u> <input type="checkbox"/> No								
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review			Authorized Agency Representative (Type or Print) Steven D. Sell  Signature <i>Steven D. Sell</i>			Title if other than Agency Secretary Executive Director  Date 9-14-94		

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Mike Heifetz</u> Phone <u>7-0370</u>	SAI Number <u>WI 940919-288-1</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>9-19-94</u>	165
Signature <u>Michael Heifetz</u> Date <u>9-20-94</u>	Date Due <u>10-3-94</u>	000



TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

September 22, 1994

Steven D. Sell  
Executive Director  
Office of Justice Assistance  
222 State Street - 2nd Floor  
Madison, WI 53702

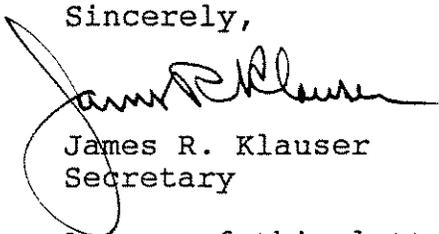
Criminal Justice Statistics Development  
(Wisconsin Statistical Analysis Center  
Clearinghouse), State Application  
Identifier Number WI940919-286-N16550XX

Dear Mr. Sell:

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

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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

Criminal Justice Statistics Development

4 Applicant Agency <b>Wisconsin Office of Justice Assistance</b> Address (Street/City/State/Zip) 222 State Street, 2nd Floor Madison, WI 53702 Contact Person Stephen Grohmann Phone 266-7185		2	3	Agency I.D. (Optional) SAC Clearinghouse CFDA # <u>16.550</u>																																																																											
8 Agency Project Title <b>Wisconsin Statistical Analysis Center Clearinghouse</b>		5 Federal Agency to Receive Request U.S. Department of Justice																																																																													
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		6 Period of Funding Mo/Day/Year 01/01/95 12/31/95																																																																													
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10 Area of Impact Counties/States Statewide																																																																															
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>49,968</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>641</td> <td>Federal</td> <td>PR-F</td> <td>\$ 49,968</td> <td>0</td> <td>0</td> <td>.15</td> <td>Perm.</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td>.15</td> <td>Perm.</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td>.25</td> <td>Perm.</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td>.50</td> <td>Perm.</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	Federal	PR-F	\$ 49,968	0	0	.15	Perm.				\$			.15	Perm.				\$			.25	Perm.				\$			.50	Perm.				\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																																					
				No. (FTE)	Type	No. (FTE)	Type																																																																								
641	Federal	PR-F	\$ 49,968	0	0	.15	Perm.																																																																								
			\$			.15	Perm.																																																																								
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Steven D. Sell Title if other than Agency Secretary Executive Director Signature <i>Steven D. Sell</i> Date 9-12-94																																																																													

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Mike Heifetz</u> Phone <u>9-0370</u>	SAI Number <u>WI940919-286-N1</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>9-19-94</u>	550 <input checked="" type="checkbox"/>
Signature <u>Michael Heifetz</u> Date <u>9-20-94</u>	Date Due <u>9-30-94</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

September 23, 1994

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

Pollution Prevention Incentives for  
States, State Application Identifier  
Number WI940824-260-N66900XX

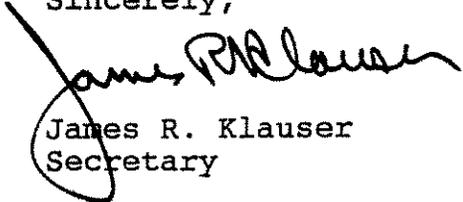
Dear Mr. Bazzell:

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# 66-300		3 Agency I.D. (Optional): 468																																																																					
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 10-1-94 9-30-96																																																																					
8 Agency Project Title Pollution Prevention Incentives for States			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs WTR</i> <i>ES</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: 4 All 7/14/94																																																																						
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$100,000																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$89,278</td> <td>0.5</td> <td>PROJ 05</td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$10,722</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$79,329</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>-</td> <td>State</td> <td>University</td> <td>\$9,960</td> <td></td> <td></td> <td>.50</td> <td>Perm</td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$10,721</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	241	Federal	PR-F	\$89,278	0.5	PROJ 05			846	Federal	PR-F	\$10,722					201	State	GPR	\$79,329					-	State	University	\$9,960			.50	Perm	801	State	GPR	\$10,721								\$								\$				
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 23.28% Base \$92,107 Amount \$21,443 <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 7/13/94																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																										
Reviewing Analyst <i>Dave Schmiedicke</i>		Phone <i>6-1040</i>		SAI Number <i>WI940824-260-N</i>																																																																						
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Dave Schmiedicke</i>		Date Received <i>8-24-94</i>																																																																						
Date <i>9/23/94</i>		Date Due <i>9-7-94</i>			<i>6690</i> <i>XX</i>																																																																					

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

September 26, 1994

Dr. H. Nicholas Muller, III  
Director  
State Historical Society  
of Wisconsin  
816 State Street  
Madison, WI 53706

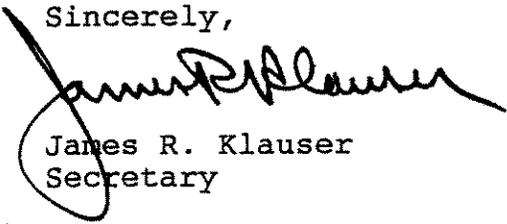
Promotion of the Humanities-Humanities  
Projects in Museums and Historical  
Organizations (Native American Rock Art  
Video), State Application Identifier  
Number WI940919-282-N45125XX

Dear Dr. Muller:

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM**

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

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

*Projects in Museums & Historical*  
*Promotion of the Humanities - Humanities*

1 Applicant Agency <i>State Historical Society of Wisconsin</i>	2 CFDA # <i>45.125</i>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) <i>816 State St. Madison, WI 53706</i>	5 Federal Agency to Receive Request <i>National Endowment for the Humanities</i>	
Contact Person <i>Robert Birmingham</i> Phone <i>264-6495</i>	6 Period of Funding Mo/Day/Year <i>-195 to 7/96</i>	7 Application Due Date Mo/Day/Year <i>9/17/94</i>
8 Agency Project Title <i>Native American Rock Art Video</i>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No 2nd EO required</i>	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States <i>Whole state</i>
13 Number of Years Previously Funded _____		

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

Total Federal Funds Applied For *67,368*

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<i>341</i>	<i>Federal</i>	<i>PRF</i>	<i>\$ 67,368</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>301</i>	<i>State</i>	<i>GRR</i>	<i>\$ 4,800</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <i>Bob Thompson Jr.</i>	Title if other than Agency Secretary <i>Associate Director</i>
	Signature <i>Bob Thompson Jr.</i>	Date <i>9/14/94</i>

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst *Orlando Cant* Phone *6-1103* SAI Number *WT 94099-280N*

Recommendation:  Approve  Approve With Conditions  Deny Date Received *9-19-94*

Signature *[Signature]* Date *9/23/94* Date Due *10-3-94*

COMMENTS:

*452*  
*FX*

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

September 26, 1994

Mr. T. Lee Martinson, Administrator  
Division of Housing  
Department of Administration  
101 E. Wilson Street  
PO Box 8944  
Madison, WI 53707-8944

Technical Assistance for Community  
Planning and Development Programs  
State Application Identifier  
Number WI940729-216-N14231XX

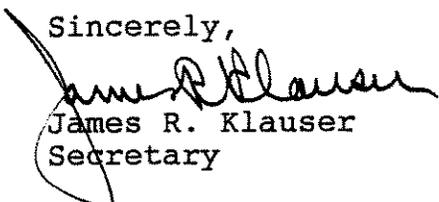
Dear Mr. Martinson:

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.

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

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



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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

September 26, 1994

Charles H. Thompson  
Secretary  
Department of Transportation  
PO Box 7910  
Madison, WI 53707-7910

Federal Transit Technical Studies  
Grant (Section 8 MPO Planning/Section  
26(a)(2)(A) State Planning and Research),  
State Application Identifier Number  
WI940831-267-N20505XX

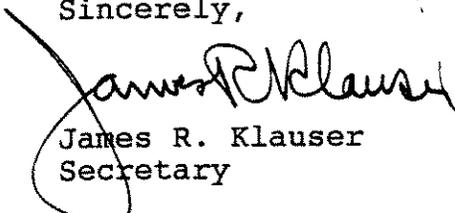
Dear Secretary Thompson:

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

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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 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

*Federal Transit Technical Studies Grant*

<b>1</b> Applicant Agency Wisconsin Department of Transportation	<b>2</b> CFDA # <u>20-505</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 4802 Sheboygan Avenue, P.O. Box 7913 Madison, WI 53707 Contact Person Don Macaulay Phone 266-1681	<b>5</b> Federal Agency to Receive Request Federal Transit Administration	<b>6</b> Period of Funding Mo/Day/Year Jan. 1, 1995 Dec. 31, 1996
<b>8</b> Agency Project Title Section 8 MPO Planning/Section 26(a)(2)(A) State Planning and Research	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates _____ <i>hards</i> _____ _____ <i>WI</i> _____ _____ <i>EO</i> _____	<b>10</b> Area of Impact Counties/States Statewide; cities with public transit systems
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	
<b>13</b> Number of Years Previously Funded <u>21</u>		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)					
Total Federal Funds Applied For <u>\$758,138</u>					
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)
481,298	Federal	SEG-FC	\$ 758,138	<i>NONE.</i>	
471	Local Match	-	\$ 76,696		
461,296	State Match	SEG-A	\$ 112,838		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

<b>15</b> Indirect Cost Reimbursement	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rate _____ Base _____ Amount _____	
<b>16</b> Authorizations	
<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Roger L. Schrantz, Administrator Title if other than Agency Secretary Div. Of Planning & Budget Signature <i>Roger L. Schrantz</i> Date <u>9/23/94</u>

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Doag Percy</u> Phone <u>6-1039</u>	SAI Number <u>WI 940831-267-NE</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>8-31-94</u>
Signature <u>Doag Percy</u> Date <u>9/6/94</u>	Date Due <u>9-14-94</u>

*NE  
SOS  
XX*

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

September 26, 1994

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

Public Library Construction and  
Technology Enhancement (LSCA Title II),  
State Application Identifier Number  
WI940728-214-N84154XX

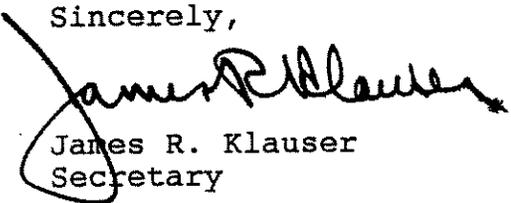
Dear Superintendent Benson:

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

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

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

Sincerely,

  
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

<b>1</b> Applicant Agency Wisconsin Department of Public Instruction	<b>2</b> CFDA # <u>84 • 154</u>	<b>3</b> Agency I.D. (Optional)																																																																																												
<b>4</b> Address (Street/City/State/Zip) 125 So. Webster St., P.O. Box 7841 Madison, WI 53707 Contact Person Anders C. Dahlgren Phone 608/266-3874	<b>5</b> Federal Agency to Receive Request Department of Education	<b>6</b> Period of Funding Mo/Day/Year <u>10/1/94</u> <u>9/30/95</u>																																																																																												
<b>8</b> Agency Project Title <u>Technology Enhancement</u> Public Library Construction - LSCA Title II	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Notification pending applicant screening &amp; review process</u> <u>All</u>	<b>7</b> Application Due Date Mo/Day/Year 10/1/94 <b>10</b> Area of Impact Counties/States <u>To be determined</u>																																																																																												
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____																																																																																													
<b>13</b> Number of Years Previously Funded <u>More than 5 years</u>																																																																																														
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$325,000</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>142-050</td> <td>Federal</td> <td>PR-F</td> <td>\$ 325,000</td> <td>0</td> <td>0</td> <td>0</td> <td>0</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	142-050	Federal	PR-F	\$ 325,000	0	0	0	0				\$								\$								\$								\$								\$								\$								\$								\$								\$					EO	
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<b>16</b> Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) John I. Benson  (Signature) 	Title if other than Agency Secretary Superintendent  Date 7/21/94																																																																																												
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																														
Reviewing Analyst <u>Mary Hartzheim</u>	Signature 	Phone <u>6-1923</u> Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date <u>8/8/94</u>																																																																																												
COMMENTS:		SAI Number <u>WI 940728-214-A</u> Date Received <u>7-28-94</u> Date Due <u>8-11-94</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

September 26, 1994

Dr. H. Nicholas Muller, III  
Director  
State Historical Society  
of Wisconsin  
816 State Street  
Madison, WI 53706

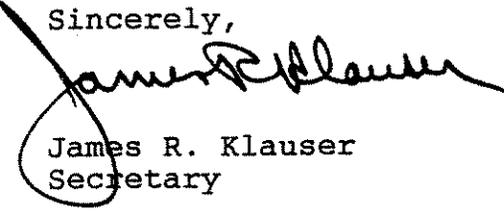
Promotion of the Humanities-Reference  
Materials (African-American Newspapers  
and Periodicals, A National Bibliography and  
Union List), State Application Identifier  
Number WI940921-293-N45145XX

Dear Dr. Muller:

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

WISCONSIN FEDERAL ADMINISTRATION DEPARTMENT OF ADMINISTRATION 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

SEP 9 1994

Promotion of the Humanities - Reference Materials

1 Applicant Agency: State Historical Society of Wisconsin  
 2 DIVISION OF ENERGY AND ENVIRONMENTAL RELATIONS  
 3 Agency I.D. (Optional): CFDA # 45.145  
 4 Address (Street/City/State/Zip): 816 State St. Madison, WI 53706  
 Contact Person: James P. Danky Phone 608/264-6598  
 5 Federal Agency to Receive Request: National Endowment for the Humanities  
 6 Period of Funding Mo/Day/Year: 7/1/95 to 6/30/97  
 7 Application Due Date Mo/Day/Year: 9/15/94  
 8 Agency Project Title: African-American Newspapers & Periodicals A National Bibliography and Union List  
 9 Executive Order 12372 Review Required:  Yes  No  
 Clearinghouses: Notified Dates: no 2nd EO  
 All required  
 10 Area of Impact Counties/States: Dane, WI United States  
 11 Type of Application:  New Grant  Amendment to Current Grant  Continuation-Unchanged  Continuation-Modified  
 12 Type of Assistance Grant:  Formula  Discretionary  Other  
 13 Number of Years Previously Funded: 1993-95  
 14 Funding, Allotment and Position Data (including Federal indirect costs):  
 Total Federal Funds Applied For: \$141,077

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
14	141	PRF	\$ 141,077	2	Proj	0	0
15	103	GPR	\$ 72,302	0	-	.35	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement:  Yes Rate 25.9 Base \$36,043/22,069 Amount \$15,050  No  
 16 Authorizations:  Delegated Review  
 Authorized Agency Representative (Type or Print): BOB THOMAS JR. Associate Director  
 Signature: [Signature] Date: 9/8/94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Orlands Cantor Phone: 6-1103 SAI Number: WI 940921-293-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received: 9-21-94  
 Signature: [Signature] Date: 9/23 Date Due: 10-5-94  
 COMMENTS:

4514  
XX

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

September 26, 1994

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

Hazardous Waste Management State  
Program, State Application Identifier  
Number WI940819-255-N66801XX

Dear Mr. Bazzell:

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "James R. Klauser". The signature is written in a cursive style with a large, sweeping initial "J".

James R. Klauser  
Secretary

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 6-88)  
(Formerly FDA 50)

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

1 Applicant Agency Department of Natural Resources				2 CFDA# 66801		3 Agency I.D. (Optional) 479		
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person Colleen Hellenbrand Phone 608/267-7515				5 Federal Agency to Receive Request U.S. EPA, Region V				
8 Agency Project Title <i>State</i> Hazardous Waste Management/Program				6 Period of Funding Mo/Day/Year 10/1/94 9/30/95		7 Application Due Date Mo/Day/Year 9/1/94		
11 Type of Application <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Clearinghouses: Notified Dates <i>Needs WI-EO</i>		10 Area of Impact Counties/States State of Wisconsin	
13 Number of Years previously funded: 16				X All 8-16-94				
14 Funding, Allotment and Position Data (including Federal indirect costs)  Total Federal Funds Applied For <u>\$2,157,963</u>								
				New Positions		Existing Positions		
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type	
02-241	Fed RCRA	PRF	\$1,701,879			38.5	Perm	
02-341	Fed RCRA	PRF	\$90,000			2	Perm	
02-846	Indirect	PRF	\$366,084					
02-221	S/HW Fees	PR	\$195,000			3.5	Perm.	
02-201	GPR	GPR	\$421,549			1.25	Perm	
02-801	GPR	GPR	\$122,028					
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$2,096,703</u> Amount <u>\$488,112</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 <u>8/12/94</u>			
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>								
Reviewing Analyst <i>Shelly Moore</i>		Phone <u>6-7973</u>		SAI Number <u>WI940819-255-N</u>				
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>David Schmedicke</i>		Date <u>9/9/94</u>		Date Received <u>8-19-94</u> Date Due <u>9-1-94</u>		
COMMENTS:								

668d  
XX

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



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

September 26, 1994

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

FY95 Consolidated Pesticide Cooperative  
Agreement, State Application Identifier  
Number WI940819-254-N66700XX

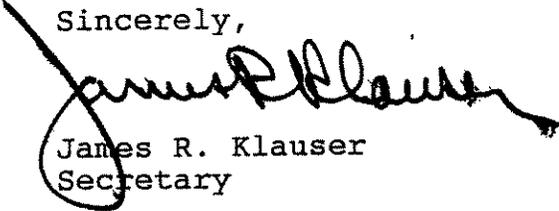
Dear Secretary Tracy:

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,



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

<b>1</b> Applicant Agency <u>WI Dept. of Agriculture, Trade &amp; Consumer Protection</u>	<b>2</b> CFDA # <u>66-700</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) <u>801 W. Badger Road, P.O. Box 8911 Madison, WI 53708-8911</u> Contact Person <u>Ned Zuelsdorff</u> Phone <u>608/266-7129</u>	<b>5</b> Federal Agency to Receive Request <u>US EPA Region 5</u>	<b>7</b> Application Due Date Mo/Day/Year <u>07/31/94</u>
	<b>6</b> Period of Funding Mo/Day/Year <u>10/01/94</u> <u>09/30/95</u>	
<b>8</b> Agency Project Title <u>FY '95 Consolidated Pesticide Compliance Cooperative Agreement</u>	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Regional Planning</u> <u>Commissions 8-15-94</u> <u>DOA 8-15-94</u> <u>All</u>	<b>10</b> Area of Impact Counties/States <u>Statewide</u>
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	

**13** Number of Years Previously Funded more than 10 years

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

Total Federal Funds Applied For <u>720,946</u>		New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type
F7 1F-	Federal	PR-F	\$ 647,354	<u>NONE</u>	3.75 Perm.
F8 4K4	Federal	PR-F	\$ 73,592		1.0 Proj.
G7 Y7-	State	GPR	\$		.375 Perm.
S7 15-	State	SEG	\$		3.4 Perm.
S7 17-	State	SEG	\$ 1,266,894		7.4 Perm.
S7 18-	State	SEG	\$		.55 Perm.
S7 19-	State	SEG	\$		10.675 Perm.
			\$		

**15** Indirect Cost Reimbursement  
 Yes Rate 21.94 Base 335,418 Amount 73,592  No

**16** Authorizations  Delegated Review

Authorized Agency Representative (Type or Print) <u>Elizabeth Kohl</u>	Title if other than Agency Secretary <u>Deputy Secretary</u>
Signature <u>Elizabeth Kohl</u>	Date <u>8-15-94</u>

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Laura Koskinen</u> Phone <u>6-11597</u>	SAI Number <u>WT940819-251-N</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>8-19-94</u>	<u>6676</u> <u>XX</u>
Signature <u>Aud Schmeddeke</u> Date <u>8/9/94</u>	Date Due <u>9-2-94</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

---

September 27, 1994

Steven L. Bendrick, Fiscal Officer  
Department of Military Affairs  
3020 Wright Street  
Madison, WI 53708-8111

FFY95 Comprehensive Cooperative  
Agreement, State Application Identifier  
Number WI940921-295-N00000XX

Dear Mr. Bendrick:

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

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

Sincerely,

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

James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7029(R1292)

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

<b>1 Applicant Agency</b> Military Affairs/Emergency Government		<b>2 multiple See SF424</b> CFDA # _____		<b>3 Agency I.D. (Optional)</b>																																																																													
<b>4 Address (Street/City/State/Zip)</b> 2400 Wright St., Rm. 213 P.O. Box 7865 Contact Person Dale Seidel Phone 242-3208		<b>5 Federal Agency to Receive Request</b>																																																																															
<b>8 Agency Project Title</b> FFY 95 Comprehensive Cooperative Agreement		<b>6 Period of Funding Mo/Day/Year</b> 10/1/94 9/30/95		<b>7 Application Due Date Mo/Day/Year</b> 7/1/94																																																																													
<b>11 Type of Application</b> <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>12 Type of Assistance</b> Grant <input checked="" type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		<b>9 Executive Order 12372 Review Required</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No DEG DNR CAP Clearinghouses: Notified _____ Dates _____ in process <i>no</i> _____ <i>WI</i> _____ <i>EO required</i> All _____																																																																													
<b>13 Number of Years Previously Funded</b> <u>30+</u>		<b>10 Area of Impact Counties/States</b> Statewide																																																																															
<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b> Total Federal Funds Applied For <u>2,581,900</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>KQ</td> <td>State</td> <td>GPR</td> <td>\$ 398,050</td> <td colspan="2" style="text-align: center;"><i>NONE</i></td> <td>6.625</td> <td>Perm</td> </tr> <tr> <td>MN</td> <td>State</td> <td>PR-O</td> <td>\$ 84,225</td> <td></td> <td></td> <td>1.0</td> <td>Perm</td> </tr> <tr> <td>MS</td> <td>State</td> <td>PR-O</td> <td>\$ 56,675</td> <td></td> <td></td> <td>.5</td> <td>Perm</td> </tr> <tr> <td>MY</td> <td>State</td> <td>PR-F</td> <td>\$978,000</td> <td></td> <td></td> <td>15.375</td> <td>Perm</td> </tr> <tr> <td>MO</td> <td>Federal</td> <td>PR-F</td> <td>\$1,603,900</td> <td></td> <td></td> <td>—</td> <td>—</td> </tr> <tr> <td>match-local</td> <td>Local Govt.</td> <td>—</td> <td>\$1,603,900</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	KQ	State	GPR	\$ 398,050	<i>NONE</i>		6.625	Perm	MN	State	PR-O	\$ 84,225			1.0	Perm	MS	State	PR-O	\$ 56,675			.5	Perm	MY	State	PR-F	\$978,000			15.375	Perm	MO	Federal	PR-F	\$1,603,900			—	—	match-local	Local Govt.	—	\$1,603,900			—	—				\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions						Existing Positions																																																																							
				No. (FTE)	Type	No. (FTE)	Type																																																																										
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MN	State	PR-O	\$ 84,225			1.0	Perm																																																																										
MS	State	PR-O	\$ 56,675			.5	Perm																																																																										
MY	State	PR-F	\$978,000			15.375	Perm																																																																										
MO	Federal	PR-F	\$1,603,900			—	—																																																																										
match-local	Local Govt.	—	\$1,603,900			—	—																																																																										
			\$																																																																														
			\$																																																																														
<b>15 Indirect Cost Reimbursement</b> <input checked="" type="checkbox"/> Yes Rate <u>12.5%</u> Base <u>1,097,300</u> Amount <u>87,900</u> <input type="checkbox"/> No																																																																																	
<b>16 Authorizations</b> <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Jerald D. Slack Signature _____		Title if other than Agency Secretary The Adjutant General Date <u>7/25/94</u>																																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																	
Reviewing Analyst <u>Pam Henning</u> Phone _____		SAI Number <u>WI 940921-2915</u>		No <u>000</u> XX																																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>9-21-94</u>		Date Due <u>10-5-94</u>																																																																													
Signature <u>Pamela S. Henning</u>		Date <u>9/27/94</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

September 27, 1994

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

Hazardous Substance Response Trust  
Fund (Emergency and Remedial Response  
Section/Land Recycling, Municipal  
Contaminated Lands Programs), State  
Application Identifier Number  
WI940919-289-N66802XX

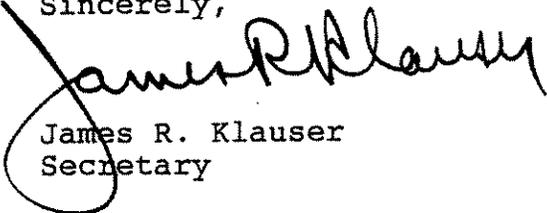
Dear Mr. Bazzell:

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

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE**

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

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

*Trust Fund  
Hazardous Substances Report*

1 Applicant Agency Department of Natural Resources			2 CFDA# 66802		3 Agency I.D. (Optional) <b>485</b>	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person Darsi Foss Phone 608/267-6713			5 Federal Agency to Receive Request U.S. EPA, Region V			6 Period of Funding Mo/Day/Year 10/1/94 9/30/96
8 Agency Project Title Emergency and Remedial Response Section/Land Recycling, Municipal Contaminated Lands Programs			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Clearinghouses: Notified Dates <i>hards WI ED</i>		7 Application Due Date Mo/Day/Year 9/15/94	
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:		10 Area of Impact Counties/States  State of Wisconsin		
13 Number of Years previously funded: 4			x 9/15/94 All			
14 Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For <u>\$311,477</u>						
Numeric Appropriation Source Revenue Type Amount				New Positions No. (FTE) Type		Existing Positions No. (FTE) Type
02-241	Fed RCRA	PRF	\$256,816	3	Project	
02-846	Indirect	PRF	\$54,661			
02-201	GPR	GPR	\$28,536			
02-801	GPR	GPR	\$6,073			
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$260,884</u> Amount <u>\$60,734</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 9/14/94	
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>						
Reviewing Analyst: <i>Darci Schmiedicke</i>		Phone: <i>6-1040</i>		SAI Number: <i>WI940919-289-N</i>		
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date: <i>9/23/94</i>		Date Received: <i>9-19-94</i> <i>6680</i>		
Signature: <i>Darci Schmiedicke</i>		Date: <i>9/23/94</i>		Date Due: <i>10-3-94</i> <i>&lt;</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

September 27, 1994

Robert Erickson  
Small Business Development Center  
University of Wisconsin Extension  
750 University Avenue  
Madison, WI 53706

Wisconsin Technology Access Program  
(WISTAP), State Application Identifier  
Number WI940721-210-N11613XX

Dear Mr. Erickson:

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 black ink, appearing to read "James R. Klauser". The signature is written in a cursive style and is positioned above the typed name and title of the signatory.

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

*State Technology Extension Program*

<b>1</b> Applicant Agency UWS Board of Regents		<b>2</b> CFDA # <u>11.613</u>																																																																																													
<b>4</b> Address (Street/City/State/Zip) 750 University Avenue Madison, WI 53706 Contact Person Robert W. Erickson Phone 262-3822		<b>5</b> Federal Agency to Receive Request Nat. Inst. of Standards & Technology																																																																																													
		<b>6</b> Period of Funding Mo/Day/Year <u>9/15/94</u> <u>9/14/95</u>	<b>7</b> Application Due Date Mo/Day/Year <u>7/22/94</u>																																																																																												
<b>8</b> Agency Project Title Wisconsin Technology Access Program (WISTAP)		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates DOA <u>7/18/94</u> <i>Handwritten initials</i>																																																																																													
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		<b>10</b> Area of Impact Counties/States <u>Statewide</u>																																																																																													
<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		<b>13</b> Number of Years Previously Funded <u>three</u>																																																																																													
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$140,00</u>																																																																																															
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<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>25%</u> (Direct) Base <u>\$12,000</u> (Indirect) Amount <u>\$ 28,000</u> <i>Corrected</i> <input type="checkbox"/> No																																																																																															
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Signature _____ Date _____ Title if other than Agency Secretary _____																																																																																													
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>																																																																																															
Reviewing Analyst <u>Mary Hartzheim</u> Phone <u>4-8259</u>		SAI Number <u>WI940721-210-N11</u>																																																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>7-21-94</u>																																																																																													
Signature <u>Mary T. Hartzheim</u> Date <u>7/22/94</u>		Date Due <u>7-22-94</u>																																																																																													

6B  
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WISCONSIN FEDERAL GRANT-APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

DEPT OF ADMINISTRATION

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: DEPT OF HEALTH & SOCIAL SERVICES DIVISION OF COMMUNITY SERVICES  
2 Agency I.D. (Optional): 645  
3 Agency I.D. (Optional): DC5-921-1

4 Address (Street/City/State/Zip): Division of Community Services, BCYF Dept. of Health & Human Services ACF  
1 W. Wilson Street, Room 465  
Madison WI 53702  
Contact Person: Linda Hisgen Phone: 608-266-6799

6 Period of Funding Mo/Day/Year: 10/01/94  
7 Application Due Date Mo/Day/Year: 9/1/94

8 Agency Project Title: #195-96 services - State Grants  
Child Welfare Plan

9 Executive Order 12372 Review Required:  Yes  No  
Clearinghouses: Notified Dates: No Fed EO required

10 Area of Impact Counties/States: Statewide

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

12 Type of Assistance:  Grant  Formula  Discretionary  Other

13 Number of Years Previously Funded: More than 5 years

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For: \$6,022,129

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
656	Federal	PRF	\$ 543,700			4.0	perm
740	"	"	\$ 458,600				
756	"	"	\$3,919,829				
357	"	"	\$1,100,000				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement:  Yes  No

16 Authorizations: Authorized Agency Representative (Type or Print): Richard W. Lorang  
Signature: [Signature] Title if other than Agency Secretary: Deputy Secretary  
Date: 8-30-94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Gretchen Fossum Phone: 608-222-8888 SAI Number: WL940908-277-N93  
Recommendation:  Approve  Approve With Conditions  Deny Date Received: 9-8-94  
Signature: Gretchen A. Fossum Date: [Blank] Date Due: 9-22-94  
COMMENTS: [Blank]

ACF

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# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7720(R12/92)

H-726-1  
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 <i>Health and Social Services</i>		2 CFDA # <u>93.977</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) <i>1414 E. Washington Ave. Madison, WI 53703-3044</i>		5 Federal Agency to Receive Request <i>Centers for Disease Control</i>	
Contact Person <i>Jerald L. Young Phone 266-5819</i>		6 Period of Funding Mo/Day/Year <i>1-1-95 - 12-31-95</i>	7 Application Due Date Mo/Day/Year <i>9-15-94</i>
8 Agency Project Title <i>Sexually Transmitted Disease Program</i>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Not E.O. 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 type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <i>CO OP-agree</i>		
13 Number of Years Previously Funded		14 Funding, Allotment and Position Data (including Federal indirect costs)	

Total Federal Funds Applied For _____						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
149	<i>Federal</i>	<i>PR - F</i>	\$ 633,380			8.5 FTE Perm
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

15 Indirect Cost Reimbursement  
 Yes Rate 15.0 Base 285,313 Amount 42,797  No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <i>Richard W. Lorang</i>	Title if other than Agency Secretary <i>Deputy Secretary</i>
	Signature <i>Richard W. Lorang</i>	Date <i>9-12-94</i>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Sue Jablonsky* Phone *9-9546* SAI Number *WI940919-285-N93*

Recommendation:  Approve  Approve With Conditions  Deny

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Received *9-19-94* Date Due *Dec*

COMMENTS:

DEPT OF ADMINISTRATION

SEP 14 1994

DIVISION OF ENERGY AND INTERGOVERNMENTAL RELATIONS

DEPT OF ADMINISTRATION

SF

DIVISION OF ENERGY AND INTERGOVERNMENTAL RELATIONS

Comments Continued on Reverse or on a Separate Sheet

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**WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM**

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

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

*Dislocated Workers  
Employment & Training Assistance*

<b>1</b> Applicant Agency Dept. of Industry, Labor & Human Relations	<b>2</b> CFDA # <u>17-246</u>	<b>3</b> Agency I.D. (Optional) VAR 58-95
<b>4</b> Address (Street/City/State/Zip) 201 E. Washington Ave, P.O. Box 7946 Madison, WI 53707-7946 Contact Person Dan Bond Phone 266-0745	<b>5</b> Federal Agency to Receive Request U.S. Department of Labor	
	<b>6</b> Period of Funding Mo/Day/Year 10-01-94 - 12-31-95	<b>7</b> Application Due Date Mo/Day/Year 09/08/94
<b>8</b> Agency Project Title Supplemental EDWAA funding for Worker Profiling & Reemployment Service Initiative	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Noted</i> <i>EO required</i> All	
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	<b>10</b> Area of Impact Counties/States Statewide
<b>13</b> Number of Years Previously Funded <u>0</u>		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$800,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
145	Federal	PR-F	\$799,029.00			2.33	Perm
153 Indirect	Federal	PR-F	\$ 971.00				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>.97%</u> of Sal. Base <u>\$100,054</u> Amount <u>\$971</u>			<input type="checkbox"/> No		
<b>16</b> Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Susan Huss Signature <i>Susan Huss</i>		Title if other than Agency Secretary Budget Analyst Date 9/14/94	

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <i>Orlando Carter</i> Phone <u>6-1103</u>	SAI Number <u>WI 940919-281-N1</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>9-19-94</u>	246 XX
Signature <i>[Signature]</i> Date _____	Date Due <u>Del.</u>	

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

October 4, 1994

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

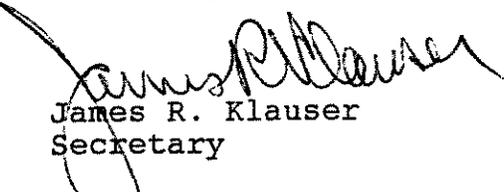
All-Volunteer Force Educational  
Assistance (Apprenticeship Program)  
State Application Identifier Number  
WI940919-280-N64124XX

Dear Secretary Skornicka:

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

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

Sincerely,

  
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

*all - Volunteer Force Educational Assistance*

1 Applicant Agency <b>Dept. of Industry, Labor &amp; Human Relations</b>		2 CFDA # <b>64-124</b>	3 Agency I.D. (Optional) <b>VAR 53-95</b>
4 Address (Street/City/State/Zip) <b>201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946</b>		5 Federal Agency to Receive Request <b>U.S. Dept. of Veteran's Affairs</b>	
Contact Person <b>Sue Huss</b> Phone <b>266-3338</b>		6 Period of Funding Mo/Day/Year <b>10/1/94</b> <b>9/30/95</b>	7 Application Due Date Mo/Day/Year <b>9/15/94</b>
8 Agency Project Title <b>Department of Veteran's Affairs Apprenticeship Program</b>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EO required</i>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		
13 Number of Years Previously Funded <b>more than 6 years</b>			

*Fr. logged*

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

Total Federal Funds Applied For **\$102,768**

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<b>141</b>	<b>Federal</b>	<b>PR-F</b>	<b>\$ 102,140</b>			<b>1.93</b>	<b>Perm.</b>
<b>153-Indirect</b>	<b>Federal</b>	<b>PR-F</b>	<b>\$ 628</b>				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate **.97% of Salaries** Base **\$64,713** Amount **\$628**  No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <b>Susan Huss</b>	Title if other than Agency Secretary <b>Budget Analyst</b>
	Signature <i>Susan Huss</i>	Date <b>9/14/94</b>

*Pam Henning*

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <i>Orlando Cento</i> Phone <b>6-1103</b>	SAI Number <b>940919-280-N6</b>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <b>9-19-94</b>
Signature <i>Pamela S. Henning</i> Date <b>9-29-94</b>	Date Due <b>12-2-94</b>

*124x5*

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

October 4, 1994

Cheryl L. Parrino, Chairman  
Public Service Commission of Wisconsin  
PO Box 7854  
Madison, WI 53707-7854

(Gas) Pipeline Safety,  
State Application Identifier  
Number WI940919-283-N20700XX

Dear Ms. Parrino:

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

<b>1</b> Applicant Agency Public Service Commission		<b>2</b> CFDA # <u>20 • 700</u>		<b>3</b> Agency I.D. (Optional)																																																																																	
<b>4</b> Address (Street/City/State/Zip) P. O. Box 7854 Madison, WI 53707-7854 Contact Person gordon Grant Phone 267-9086		<b>5</b> Federal Agency to Receive Request DOT, RSPA, Washington, DC 20590																																																																																			
<b>8</b> Agency Project Title <u>(Gas) Pipeline Safety</u>		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI EO required</u> All		<b>7</b> Application Due Date Mo/Day/Year <u>09/30/94</u>																																																																																	
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other		<b>10</b> Area of Impact Counties/States <u>Entire State of Wisconsin</u>																																																																																	
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Total Federal Funds Applied For _____				New Positions		Existing Positions																																																																															
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ES & EQ	Federal	PR-F	\$143,230	-	-	1.0	Permanent																																																																														
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<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate _____ Base _____ Amount <u>44,270</u> <input type="checkbox"/> No																																																																																					
<b>16</b> Authorizations N/A <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Cheryl L. Parrino Signature <u>Cheryl L. Parrino</u>		Title if other than Agency Secretary Chairman Date <u>9-12-94</u>																																																																																	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																					
Reviewing Analyst <u>Julie Keal</u> phone <u>6-8593</u>		SAI Number <u>WI940919-283-N</u>		Date Received <u>9-19-94</u>																																																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Julie Keal</u> Date <u>9/30/94</u>		Date Due <u>9-30-94</u>																																																																																	
COMMENTS:																																																																																					
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