101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

October 18, 1994

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

Special Supplemental Food Program for Women, Infants and Children (WIC), State Application Identifier Number WI940819-250-N10557XX

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

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

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| 1 Applicant Agency DHSS/DOH/BPH | CFD | A# <u>10 • 5</u> 5 | <u> </u> | | |
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| 4 Address (Street/City/State/Zip) | | A/Food and | | Service | -9/4 |
| P.O. Box 309, Madison WI 5370 |)1 6 Perio | d of Funding Mo/ | | pplication Due | Date |
| Contact Person | | 10/1/ | 94 | Mo/Day/Yea | 1 3 1 |
| Patti Herrick Phone | 266-3821 | 9/30/ | | 8/15/9 | |
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| for Women, Infants and Children | | ∐ Yes (| X No | Statewid | le |
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| Reviewing Analyst Lul Y COUNCE | Phone / | (STO S | Al Number | | (21) |
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| necommendation. | | 100 | ^ | 0-1- | 9W |
| Signature S. Jakensky | | <u> </u> | ate Due | ,7- | "] |

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

October 18, 1994

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

Plant and Animal Disease, Pest Control and Animal Care (Cooperative Agricultural Pest Survey), State Application Identifier Number WI940919-287-N10025XX

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,

James R. Klauser

Sechetary

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 Federal-State Relations Office Form DOA-7020 (R 5-88) Animal Care 101 S. Webster St., 6th Floor (Formerly FDA 50) P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125 Applicant Agency 3 Agency LD: (Optional) Ag., Trade & Consumer Protection CFDA # __10 • _025 4 Address (Street/City/State/Zip) Federal Agency to Receive Request 801 W. Badger Rd. PO Box 8911 USDA-APHIS-PPQ Madison WI 53708-8911 Period of Funding Mo/Day/Year **Application Due Date Contact Person** 10-1-94 Mo/Day/Year O.Lee Lovett Phone (608) 2667138 9-30-95 9-15-94 8 Agency Project Title 9 Executive Order 12372 Review Required |10 Area of Impact Cooperative Agricultural Pest Survey Counties/States Yes Statewide 11 Type of Application 12 Type of Assistance Clearinghouses: Notified **Dates** Grant -X Formula **Amendment to Current Grant** Continuation-Unchanged Discretionary X Continuation-Modified 13 Number of Years Previously Funded All 14 Funding, Allotment and Position Data (including Federal indirect costs) \$15,000 Total Federal Funds Applied For _ Numeric **New Positions Existing Positions** Appropriation Source Revenue Type Amount No. (FTE) Type No. (FTE) 742 Fed Fed \$ 15,000 NONE \$ \$ \$ \$ \$ \$ 15 Indirect Cost Reimbursement 21.94% \$1,540 X Yes 7000 Rate Amount 16 Authorizations Authorized Agency Representative (Type or Print) Title if other than Agency Secretary Elizabeth Kohl Deputy Secretary Signature Date FOR DEPARTMENT OF ADMINISTRATION USE ONLY SAI Number Approve With Conditions ☐ Deny **Date Received**

Date Due

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

October 20, 1994

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

> Nonpoint Source Implementation (Section 319), State Application Identifier Number WI940831-268-N66460XX

Dear Mr. Bazzell:

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

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

Sincerely,

James R. Klauser

Secretary

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

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

| 1 Applicant Ager | ncy Natural Resource | 3 S | | | 2 CFDA# | 66,459 | -4 | 60 | 3 Age 392 | ncy I.D. (0 4480 | | |
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| A 1 | t/City/State/Zip) r St. | | | | 5 Fed | eral Agenc | y to Re | ceive Reque rotection / | | | | |
| Contact Perso | | 8/266- | 9252 | | 6 Per | iod of Fund | 1 | /Day/Year IO/01/94 09/30/96 | Mo | olication D /Day/Year //01/94 | | |
| Agency Project Nonpoint Source I | t Title mplementation - Se | ction 31 | 9 | | | → ← | No 1237 | 72 Review R | lequired | 1 | of Impact nties/States ide | |
| Type of Applic | | t | Grant | f Assistance rmula | Clearir | nghouses: | Notified | WI Dat | es | 1 | | |
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| Signature 2 | Boll | wyn | was | Date | 10 | 7171 | 77 | _ Date Du | 9 | 1 19 | | _\ |

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

October 20, 1994

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

Toxic Substances Compliance Monitoring Program (EPA/TSCA Asbestos-in-Schools Cooperative Agreements), State Application Identifier Number WI940831-262-N66701XX

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.

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.

#-724-1 WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM Federal-State Relations Office Department of Administration Form DOA-7020 (R 5-88) 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/257-2125 (Formerly FDA 50) 3 Agency I.D. (Optional)

| Depart of | Health & Socia | al Services | | CFDA | <u>#66.</u> | 701 | | | |
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| | lashington Ave | | | U.S | . Enviro | nmental Pr | otection | Agency | į |
| Madison, | WI 53703 | | E | Period | of Funding N | 40/Day/Year 🐧 | Application C | lue Oate | |
| Contact Person | • | 608 | | | |] | Mo/Day/ | Year | |
| Terry Moe | | Phone 266-85 | 79 | | | 0/95 (| | | |
| 8 Agency Project | Title | | 9 | Execu | tive Order 123 | 72 Review Requir | | | |
| 1 7 | Abbestos-in-Sch | hools | | | | 77. | Count | ties/States | ĺ |
| Cooperati | ve Agreements | | | 7 | ⊒ Yes | ₩ No | Wisco | nsin | |
| 11 Type of Applica | ition 12 | Type of Assistance | | Clearing | nouses: Notific | ed Dates | state | wide | |
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| 15 Indirect Cost A | eimbursement | | | | | | | | |
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| 16 Authorizations | | Authorized Agency | Representa | tive (Ty | pe or Print) | Title if other tha | n Agency Secr | etary | 1 |
| 10 | | Richard W. | Lorang | | | Deputy \$ | ecretary | | |
| | gated Review | Signature (| 1.6 | · | | Date | | • | |
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| Reviewing Ana | | | ↑ ' | <u></u> | | | の一つ | 1-94 | 667 |
| Recommendati | | Approve With | _ | $\frac{1}{12}$ | 71 · | Date Received | 0-10 | all | UW C |
| Signature | Jablons | 2 | Date | <i> </i> | | Date Due | (, , | - 47 | $+\times$ |

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 7868 Madison, WI 53707-7868

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October 24, 1994

Carol Skornicka, Secretary
Department of Industry, Labor and
Human Relations
201 E. Washington Avenue
Madison, WI 53703

Employment Service (State/Local Planning Information), State Application Identifier Number WI940824-261-N17207XX

Dear Secretary Skornicka:

The Wisconsin Department of Administration, the State Grant Review Clearinghouse, has reviewed the application for federal funding assistance. 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,

Martha Kerner, Section Chief Federal-State Relations

Division of Energy and Intergovernmental Relations

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

Federal-State Relations Office 101 S. Webster St., 5th Floor P.O. Box 7868 Medison, WI 53707-7868 Telephone species, 2020

| | • | | | Madison, WI | 53707-786x |
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| Meant Agency Wisconsi | n Department of | 2 | _ | 3 Agency LD: (C | |
| Andustry Labor & Human | Relations | | <u> </u> | | |
| Add. | | 5 Federal Agenc | y to Receive Reque | st | |
| F. O. Box 7946 (201 E. Madison, WI 53707 | wasnington Ave.) | U.S. Depa | artment of L | abor. FTA | |
| Contact Person | | 6 Period of Fund | ing Mo/Day/Year 07/01/94 | 7 Application D Mo/Day/ | ue Date |
| Debbie Benish | Phone 608/266-574 | i 7 i | 06/30/95 | | 1 |
| 8 Agency Project Tipe Imploy | ment Service | 9 Executive Orde | 12372 Review Requ | 07/30/ | 74 |
| [State/Local Planning In | formation (LMI) | € X Yes |) □ No | Counti | Impact ies/States |
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| 15 Indirect Cost Reimbursement | | | | | |
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| 16 Authorizations | | . Amount <u>\$298</u> | | ☐ No | |
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| X Delegated Review | Signature Denish | | Budg | et Analyst | • |
| Delegated Review | Debli Beris | , | Date | | |
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| Signature | | · Las Dany | | <u>X</u> <u>J-</u> | 74- Maa |
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Comments Continued on Reverse or on a Separate Sheet

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

October 25, 1994

Claudia Berry Miran Legal Counsel Educational Approval Board 310 Price Place Madison, WI 53705

> State Approving Agency Reimbursement Contract, State Application Identifier Number WI941005-303-N00000XX

Dear Ms. Miran:

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.

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

| | | 3 Agency I.D. (| Optional) |
|--|--|------------------------------|---|
| 1 Applicant Agency | 2 CFDA # _not * 1 | isted | |
| Educational Approval Board | Endoral Agency to Re | ceive Request | |
| - (Street/City/State/Zip) | 5 Federal Agency to He | ent of Veterans Af | fairs |
| 310 Price Place, P. O. Box 7874 | La i deficiencias Ma | a/Day/Year 7 Application | Due Date |
| Madison, WI 53707 | 6 Period of Funding Will 10/1/ | Ma/Day | r/Year |
| Contact Person | 0.130 | 10/1 | /94 |
| Claudia Berry Miran Phone 266-007 | 7 3/30 | 2 Poview Required 10 Area | of Impact |
| LA coopy Project Title | 9 Executive Order 1237 | Cou | nties/States |
| State Approving Agency Reimbursement | □ Yes | X No | |
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| | Clearinghouses: Notifie | d Dates | |
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| Amendment to Current Grant | | | |
| Contract | | | |
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| 15 Indirect Cost Reimbursement | | XN | |
| Base Base | Amount | Title if other than Agency S | |
| Authorized Agency | Representative (Type or Print) | Legal Counse | 1 |
| 16 Authorizations Claudia Ber | cry Miran | | |
| Signature , | 10 A | Date 9/7/9/ | ļ |
| Delegated Review | Derry Miran | 120/17 | |
| FOR DEPARTMENT | OF ADMINISTRATION US | EONLY | |
| - FOR DECEMBER. | 7_11/3 | 1/1/1/1 | 05-30+NO |
| Wands arts | Phone C | SAI Number 17 | TAIT NAC |
| Reviewing Analyst | Conditions Deny | Date Received | 7 1/4 1000 |
| Recommendation: Approve With | Collations — | 10- | 11-14 1-5 |
| | Date 10/>0 | Date Due | |
| Signature | t . | | |

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

| | | i mili | Agency LD_(Optional): |
|---|---------------------|---|--|
| 1 Applicant Agency | 2 | | |
| WI Department of Health & Social Serv | | 4 <u>17 · 500 🐖 </u> | 4-730-1 |
| 4 Address (Street/City/State/Zip) | 5 Feder | al Agency to Receive Request | 0 |
| 1414 E. Washington Ave., Room 112 | ⊢v.s. | Dept. of Labor;OSE | |
| Madison, WI 53703 | 6 Perio | of Funding Mo/Day/Year 7 | Application Due Date |
| Contact Person | ha | 10/1/94 | Mo/Day/Year |
| | cc 0510 | | 9/9/94 |
| Terry Moen Phone (608)26 | | 9/30/95 | |
| 8 Agency Project Title | 9 Execu | tive Order 12372 Review Require | ed 10 Area of Impact Counties/States |
| | T, | – | Counties/States |
| OSHA 7(c)(1) Laboratory | [| Yes X No | |
| 11 Type of Application 12 Type of Assistance | Clocation | houses: Notified Gates | <u>Nationwide</u> |
| 11 Type of Application 12 Type of Assistance | Clearing | nouses. Notified | |
| New Grant Grant | | 1 x 1 + 90 (= C |) |
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| 4 Funding, Allotment and Position Data (including Federal indirec | ct cosis) | • | ļ |
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| Numeric | | New Positions | Existing Positions |
| Appropriation Source Revenue Type | Amount | No. (FTE) Type | No. (FTE) Type |
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| 149 Federal PRF 5 | \$ 1,367,175 | All Contractual \$ | 1 |
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| 5 Indirect Cost Reimoursement | | | |
| | | | ⊠ No |
| Yes Rate Base | Amount | | |
| 6 Authorizations Authorized Agency Re | epresentative (Typ | e or Print) Title if other than | Agency Secretary |
| Richard W. Lo | | Deputy Sec | retarv |
| Signature | , <u>and</u> | Date | |
| Delegated Heview | 150 - | 9.28.8 | 4 |
| 2/10/2012 | 1 Donasid | | |
| | F ADMINISTRA | TION USE ONLY | and the second of the second o |
| Le Millian Re | non | The LIT | 9411/C-21 |
| Reviewing Analyst Ph | hone / | SAI Number | TETOON SPALL |
| | | Anna Anna Anna de Caración de | 10-5-44 |
| Recommendation: Approve Approve With Co | onditions \square | Deny Date Received _ | 1201 |
| | nto. | Date Due | Hel! |
| Signature Da | ate | uate une | |
| COMMENTS: | | | |
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H-728-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

| | 3 Agency LD. (Optional) |
|---|---|
| 1 Applicant Agency | 1 6 1 |
| Applicant Agency Wisconsin Dept of Health and Social Service | 5 Federal Agency to Receive Request |
| 4 Address (Street/City/State/Zip) | Centers for Disease Control & Prevention |
| 1 West Wilson Street, PO Box 309 | Application Due Date |
| Madison, WI 53703-0309 | 01/01/95 Mo/Day/Year |
| Contact Person Tampa M Vergeront, MD Phone 608/266-985 | 12/31/95 10/03/94 |
| James M. Vergerone, 12 | 9 Executive Order 12372 Review Required 10 Area of Impact Counties/States |
| HIV Prevention | Character do |
| Activity | Tes Aug 110 |
| 11 Type of Application 12 Type of Assistance | Clearinghouses: Notified Clates |
| New Grant Grant | 16) (30) |
| Amendment to Current Grant Formula | A RHY |
| Continuation-Unchanged Discretionary Cooperative | Et janvej |
| Continuation-Modified Other Agreement | AII |
| 13 Number of Years Previously Funded | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs | |
| Total Federal Funds Applied For \$1,542,425.00 | New Positions Existing Positions |
| | nount No. (FTE) Type No. (FTE) Type |
| Appropriation DDF \$1.5 | 542,425. 9.5 Perm |
| 149 Federal PRF \$1,5 | |
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| 15 Indirect Cost Reimbursement | 0 Amount \$51 837 00 No |
| | I Amoun Allacation |
| 16 Authorizations Authorized Agency Represe | T |
| Richard W. Lora | ng Deputy Secretary Date |
| X Delegated Review Signature | 70.28.98 |
| 1 1.18 XIGL | OMINISTRATION USE ONLY |
| | |
| Reviewing Analyst | 7-1546 SAI Number 01-97005-30 |
| | ions Deny Date Received |
| | 208 |
| Signature Date _ | Date one |
| COMMENTS: | |
| OMMETT O. | 1 |
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| Comments Continued on Reverse or on a Separate Sheet | 1 |

Department of Administration

Comments Continued on Reverse or on a Separate Sheet

DOA-7020(R12/92)

Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, Wi 53707-7868

| | | - | | | | | Telephone 6 | 08/267-2125 |
|--------------------------------------|-----------------|------------------------------|-------------|----------|--------------------|----------------------------------|--------------------|--------------------|
| 1 Applicant Agency Dept. of He | ealth & Soc | ial Services | | 2 | DA# ^{1_0} | 568 | Agency LD. | Optionel) |
| 4 Address (Street/Cit 1 W. Wilson | | | | 5 Fed | JA # | to Receive Reques | | -167-1 |
| 1 | | | | US | DA. Foo | to Heceive Reques d & Nutriti | : on Servic | • |
| Madison, WI | 53702 | | • | | | g Mo/Day/Year 7 | | |
| Contact Person Valery Buec | - T | 600/0 | | | | /1/94 | Application Mo/Day | |
| | | Phone 608/2 | 66-3362 | 1 | | 30/95 | • | |
| 8 Agency Project Title | | | | 9 Exec | utive Order | 12372 Review Requi | red 10 Area | of impact |
| The Emergen | cy Food Ass | istance Prog | ram & | | | | | ities/States |
| Soup Kitche 11 Type of Application | | C \ 12 Type of Assistance | | | ∐ Yes | No No | Stat | ewide |
| New Grant | | Grant | • | Clearin | ghouses: No | tified Dates | | CWIGC |
| Amendment to | o Current Grant | Formula | | | n | T CUI | | |
| X Continuation- | Unchanged | Discretionary | | | | | | |
| Continuation- | | Other | | <u> </u> | | | | ···· |
| 13 Number of Years Pro | | more than 5 | | | AII | | | |
| 14 Funding, Allotment | | | rect costs) | | | | | |
| Total Federal Funds | Applied For | \$691,430 | | | | | | |
| Numeric Appropriation | Source | Revenue Type | Amo | numt. | New | Positions | Existing | Positions |
| 440 | Federal | PR-F | \$ 92, | | No. (FTE |) Type | No. (FTE) | Туре |
| 441 | Federal | PR-F | | | | | - | |
| 401 | State | GPR | \$599, | | | | 1.5 | Perm |
| 415 | State | - | \$150, | | | | | |
| +±J | brace | GPR | \$ 46, | 075 | | | | |
| | | | \$ | | | | | |
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| | | | \$ | | | | | |
| 15 Indirect Cost Reimbu | ırsement | | | | | | | |
| Yes Rate | 12.6% | Base \$50,00 | 00 | A | \$6,300 | | | |
| 6 Authorizations | | Authorized Agency I | | | | I The Man | _ ∐ No | |
| | | Richard Lo | rang | mve (iðt | e or Print) | Title if other than Deputy Se | | tary |
| ☑ Delegated | Review (| Signature (| <u> </u> | | | Date Date | crecary | |
| | | Koelal | 5/20 | piras | | 10- | 1-84 | · · |
| | FO | R DEPARTMENT | OF ADMI | NISTRA | TION USE | ONLY | | |
| Reviewing Analyst | | Segna P | / | 2-X | 10 | /) | 794 | 10 00 |
| _ (# | Д Г | | | | ~ | SAI Number W | - ' ' | 006- |
| Recommendation: | Approve | Approve With C | onditions | | Deny | Date Received _ | 10 60 | - 100 |
| Signature | | D | ate | | | Date Due/ | Sd/ | -*/- 1 |
| COMMENTS: | | | | | | Julio Duo ——— | | |
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H-731-1

Department of Administration Form DOA-7020 (R S-84) (Formerly FDA 90)

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|--------------------------------------|--------------------------|----------------|----------------------|-------------------|------------------------|---------------------|--|
| Applicant Agency | | 2 | | 3 | Agency LD. (O) | otionel) | |
| Dept. of Health and S | Social Services | | FDA# • _ | | | | |
| Address (Street/City/State/Zip) | | | ederal Agency to Rec | | | ND T | |
| 1 W. Wilson St., P. C | D. Box 309 | | cial Securit | -T | | <u>4</u> " | |
| Madison, WI 53701 | /=- | 6 P | eriod of Funding Mo/ | | Application Do Mo/Day/ | e pate | |
| Contact Person | (608) | | 01/01/ | | • | 1 | |
| Edward Steichen | Phone 266-0: | | 12/31 | | 10/19/ | | |
| 8 Agency Project Title | | 9 E | xecutive Order 12372 | Requir | | Impact es/States | |
| Social Security Ennum | meration Project | | □ Y∞ | No | | 02.012.00 | |
| | | | | | Stat | ewide | |
| 11 Type of Application | 12 Type of Assistance | Clea | ringhouses: Notified | Dates | 1 | | |
| New Grant | Grant | 1 | hal c | C/()n1 | | | |
| Amendment to Current Gra | 1 — | | | | | | |
| | ☐ Discretionary | Correi do | | | | | |
| Continuation-Modified | Other Fee for | Servide— | All | | | | |
| 13 Number of Years Previously Fund | 160 | | ^" | | | | |
| 14 Funding, Allotment and Position (| | ect costs) | | | | | |
| Total Federal Funds Applied For . | \$108,750 | | | ta* | pa , 1 11 | | |
| Numeric Appropriation Source | Revenue Type | Amount | New Pos No. (FTE) | itions Type | Existing No. (FTE) | Positions Type | |
| | | | Ι ο | 7,7 | 0 | | |
| 149 FED | PR-F | \$108,750 | _ | | | | |
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| | | \$ | | | | · · · | |
| 15 Indirect Cost Reimbursement | | | | | | | |
| Yes Rate | Base | An | nount | | ⊠ No | | |
| 16 Authorizations | Authorized Agency | Representative | (Type or Print) | itle if other tha | ın Agency Secre | etary | |
| | Richard W. | | | | Secretary | • | |
| Delegated Review | Signature (| 10 | | ate | | | |
| El Delegated neview | (July | ser Year | pro | 10- | 14.74 | | |
| | FOR DEPARTMENT | OF ADMINIS | TRATION USE O | NLY | | | |
| Reviewing Analyst | 1// h | Phone 7- | | Al Number/L | # 141 | 0 as-96 | |
| Recommendation: Appro | | , , | Deny D | ate Received | 10-2 | 5-941 | |
| Signature | | Date | | ate Du e | 1 3. | 94 | |
| COMMENTS: | | | | | 1/ | | |
| COMMENTS: | | | | | V | | |
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| Comments Continued on F | Reverse or on a Separate | Sheet | - (| | | | |

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7888 Madison, WI 53707-7868 Telephone 608/267-2125

| | | | Т | elephone 608/26 | 17-2125 |
|---|-------------------------------------|-------------------------|---|-------------------|---|
| 1 Applicant Agency | | [2] | 202 3 4 | igency i.D. (Opti | onai) |
| Dept. of Industry, Labo | r & Human Relations | CFDA # • | | | |
| A Address (Street/City/State/Zip) | | 5 Federal Agency to R | leceive Request | | |
| P. O. Box 7946 (201 E. | Washington Avenue) | Labor, Emplo | yment & Tra | aining Adm | nin. |
| Madison, WI 53707 | • | 6 Period of Funding N | to/Day/Year 7 | Application Due | Oate |
| Contact Person | | |)1/94 | Mo/Day/Yes | |
| Sue Huss | Phone 608/266-3338 | | /30/95 | 10/21/94 | |
| 8 Agency Project Title | | 9 Executive Order 123 | 72 Review Require | d 10 Area of Im | npact |
| <u> </u> | | | m . / | Counties | s/States |
| Alien Labor Certificati | on | ☐ Yes (| X No | Statev | uide |
| 11 Type of Application | 12 Type of Assistance | Clearinghouses: Notifie | Dates | State | VIUE |
| New Grant | Grant | 1/2 - | Del | | |
| Amendment to Current Grant | Formula | - 10 | -000 | | |
| Continuation-Unchanged | Discretionary | - | | | |
| Continuation Modified | Other | | | | |
| 13 Number of Years Previously Funded | more than 6 years | AII | | | |
| 14 Funding, Allotment and Position Date | a (including Federal indirect costs | 3) | | | |
| | \$298,474 | _ | | | |
| Total Federal Funds Applied For Numeric | | | ositions | Existing Po | sitions |
| Appropriation Source | Revenue Type Ar | nount No. (FTE) | Туре | No. (FTE) | Type |
| 141 Federal | PR-F \$ 29 | 7,015 | | 4.24 | Perm. |
| | PR-F \$ | 1,459 | | | 1 |
| 1 <u>53-Indirect</u> <u>Federal</u> | | 13.103 | | | |
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| | \$ | | | | |
| 15 Indirect Cost Reimbursement | | | | | |
| Yes Rate .0097 | | Amount \$1,47 | 79 | ☐ No | |
| | Authorized Agency Represe | | Title if other than | Agency Secreta | ıry |
| 16 Authorizations | Sue Huss | Stitutive (1)powi (1)mi | | Analyst | |
| · | Signature/ | | Date | | |
| X Delegated Review | Signature | / | Secret Assistance of the Control of | 10/20/94 | |
| | FOR DEPARTMENT OF AD | MINICIDATION HEE | ONLY | | |
| | | 7 11/0 | | 50111 | 200 |
| Reviewing Analyst | nde Contraone | 10-1105 | SAI Number_L | 11-140 | 192 D |
| $\subseteq \mathcal{C}$ | | | Data Barahira | (0-23 | 5-9M |
| Recommendation: L Approve | Approve With Condition | ons L Deny | Date Received . | 0.0 | 3 1 |
| Signature | Date _ | | Date Due | Del - | <u> </u> |
| Signature | | | | - | |
| COMMENTS: | | | | | |
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Comments Continued on Reverse or on a Separate Sheet

pment of Administration DOA-7020 (R 5-88) terly 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 Agend | | | 2 | | | 3 Agency I.D. (O | ptional) |
|--|--|----------------------|----------------|---------------------|--|---|-------------------------------|
| Dept. of Inc | <u>dustry, Labor</u> | & Human Relat | ions | CFDA # 11 | <u>7 • 2 0 7 </u> | | <u> </u> |
| 4 Address (Street | /City/State/Zip) | | 5 | Federal Agenc | y to Receive Reque | est | |
| 201 E. Wash | ington Ave. | | USI | OOL/Emplo | vment & Tra | ining Admir | 1. |
| Madison, WI | 53707 | | 6 | Period of Fundi | ng Mo/Day/Year | 7 Application D | ue Date |
| Contact Person | | | | _1 | <u>0/1/94 </u> | Mo/Day/` | 1 |
| Bill Richey | and the second s | Phone 266-09 | | | 12/31/94 | 10/21, | |
| 8 Agency Project (Targeted Jo | mplay men bs Tax Credit | |) co 9 | Executive Orde | 12372 Review Red | Counti | Impact ies/States awide |
| 1 N Type of Applicat | | 2 Type of Assistance | Cle | aringhouses: N | otified Dates | Juli | 544 LGC |
| New Gran | t | Grant | | | . 1 | :J} | |
| Amendme | ent to Current Grant | Y Formula | | /\Q | <i>9.8</i> ≥ | | |
| Continuati | ion-Unchanged | Discretionary | | | | | <u></u> |
| | ion-Modified | Other | | | ——— <u>—</u> | | |
| | s Previously Funded | nore than 5 ve | ears — | AII | | - | |
| | ent and Position Data (i | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | \$101,053 | • | | | | |
| Total Federal Fu Numeric Appropriation | nds Applied For Source | Revenue Type | Amount | —— Ne No. (F1 | ew Positions E) Type | Existing F No. (FTE) | Positions Type |
| 151 | Federal | PR-F | s 100,50 | | | 7.17 | |
| 131 | 1 5051 01 | | | | | - - / • 1/ - | Perm. |
| 1 <u>53-Indirect</u> | <u> Federal</u> | PR-F | \$ 54 | 9 | | | |
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| 15] Indirect Cost Rei | Rate .97% | Base\$56,52 | 20 Am | 10unt\$5 | 549 | ☐ No | |
| 16 Authorizations | | Authorized Agency F | Representative | (Type or Print |) Title if other th | nan Agency Secret | ary |
| i | | Debhie | Benish | | Budge | et Analyst | |
| ☑ 0-1 | ata d Davis | Signature | | | Date | <u> </u> | |
| Delega لما | ated Review | 1 n. Idi. | Rominh | | 10-1 | 19-94 | |
| | | R DEPARTMENT | DE ADMINIC | TRATION | _ | The State of Contraction of the | o par police |
| | | , | | | | -70// \A- | र श्र |
| Reviewing Analys | st Orland | o antop | hone <u>©</u> | | SAI Number | UI94103 | |
| Recommendation | Approve) | Approve With C | Conditions | Deny | Date Receive | a 10.35 | 5-94 17 |
| Signature | de Silve | 2 | ate 10/2 | 25/ | Date Due | Del. | |
| COMMENTS: | | | | 1 | | | |

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

Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868

Madison, WI 53707-7868

| | | | | | | | Telepho | ne 608/267-2125 | // . |
|---------------------------------|---|---------------------|--------------------|--------------------|-------------------|--------------------------------------|-------------|--------------------|--------------|
| 1 Appliicant Age | • | | | 2 | | | | cy I.D. (Optional) | |
| | ustry, Labor & Hun | nan Relations | | CFDA | # 17. | 207 | | | , |
| <u>}</u> | et/City/State/Zip) | | | 5 Feder | al Agency to Rec | eive Request | | | 20000000 |
| t . | hington Ave., P. O. | . Box 7946 | | | Dept. of Labo | | | | |
| 1 | 1 53707-7946 | | | 8 Period | of Funding Mo/ | Day/Year | 7 Appli | cation Due Date | |
| Contact Perso | | | | | 07/01/94 | | | Mo/Day/Year | |
| Debbie Ber | | Phone 60 | 3/266/5747 | | 06/30/95 | | | 10/31/94 | |
| Agency Project | at Title | | | ₉ Execu | tive Order 12372 | Review Requ | uired 10 | Area of Impact | |
| 1 361 1-5 | ······· (O= - Ot) (| 51 | | |) _ | _ | | Counties/States | |
| | ucture (One-Stop) F | | | (⊠ Ye | |] No | | | |
| 11 Type of Application New Gran | | 12 Type of A | ssistance | Slearinghou | ses: Notified | Dates | <u>S</u> 1 | tatewide | |
| | New Grant Grant Grant Grant Grant Formula Grant | | t | | $l \sim 0$ | 7 | _ _ | | |
| | tion-Unchanged | 1 ==== | | | Nu de | MA | _ | | |
| 1 — | tion-Modified | Other | cretionary | | | | 7 | | |
| | ars Previously Funded | Ottler | | | | | <u>-</u> | | |
| <u> </u> | nent and Position Data | • | | Х | All | | | | |
| | funds Applied For | | icirect costs) | | | | | | 7 |
| Numeric | unds Applied For | \$75,372 | | | N | *** | | | |
| Appropriation | Source | Revenue Type | Δ | 4 | New Po | | | sting Positions | |
| 151 | Federal | PR-F | | ount | No. (FTE) | Туре | No. (F | TE) Type | |
| 153-Indirect | Federal | PR-F | \$ 75,20 \$ 170 | | 1.03 | Project | | | |
| 100*Indirect | reactai | 1. 1/-1. | \$ 170 |) | | | | | |
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| 15 Indirect Cost Re | eimbursement | | . | | | | | | |
| | ite .97% | Base | \$17,524 | , | may m4 70 | | | | |
| 16 Authorizations | .0170 | Authorized Agen | | | mount \$170 | | <u></u> | No | |
| | | Debbie Benish | | auve (i ype oi | ring | Title if other than Agency Secretary | | | |
| □ Dele | gated Review | Signature Signature | ! | | | Budget An | aiyst | | |
| | 34.04 1.07.07. | 1 1/2 | 13 · 1 | , | | Date | | | |
| | FOI | R DEPARTMEN | Lenst | | | _/0-28 | <u>-77</u> | | |
| Reviewing Analysi | t Manda | Canto | Phone | INNISTRA | | | | a | <u>—</u> |
| Recommendation | | ve D Approvi | With Cond | | ر ن | Number | <u> </u> | 74-19-31- | 43 |
| Signature (/ | | | Date | , | 1/01/ | ate Receive | 10- | 3/-1/2 | _N |
| COMMENTS: | | - 242 | Date | * <u>11 / +</u> | //// D | ate Due _ | -10 | 31=14= | <u></u> ≥ ∂' |
| COMMENTS. | | _/ | | 1 | ¥ | | | | $ \times$ |
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Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868

| of Administration | P.O. Box 7868 |
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| Department of Administration Form DOA-7020 (R 5-88) | Madison, WI 53707-7868 |
| Formerly FDA 50) | Talanhone 608/267-2125 |
| Politicity 1 Days | 3 Agency I:D. (Optional) |
| 2 CFDA# 1 7 . 2 4 5 | VAR 65-95 |
| Appliicant Agency CFDA # 1 7 . 2 4 3 | st |
| Dont of Industry, Labor & Hullian Italian Salar | |
| | 7 Application Due Date |
| Add 5 Moshington Ave., P. O. Box 7946 | Mo/Day/Year |
| Oct. 1, 1994 | Oct 31, 1994 |
| Madison, *** Sept 30 1995 | · · · · · · · · · · · · · · · · · · · |
| Contact Person Phone 608-266-5746 | |
| | Counties/States |
| 8 Agency Project Title Worker Ves No | |
| Trade Adjustment Assistance | Statewide |
| Time of Assistance Clearinghouses, Notice | |
| | E 0 |
| F7 Now Grant | |
| and the Current Grant | |
| Amendment to Current Grant Discretionary Continuation-Unchanged Other Continuation Co | |
| Continuation Modified Other All | |
| Continuation-vocation | |
| Number of Years Previously Funded 13 Number of Years Previously Funded (including Federal indirect costs) | |
| Funding Allotment and Position Data (Institute of Section 1988) | Existing Positions |
| - Cal Forderal Frinds Applied For | No (CTC) Type |
| NO.15141 | |
| Nevenue 1460 | 3.30 Perm |
| Appropriation PR-F \$ 1,200,000 | |
| 151 Federal 1,200,000 940 | |
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| 153 Federal S | |
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| S S S S S S S S S S | le if other than Agency Secretary |
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| \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | ie if other than Agency Secretary nalyst alte 10 - 27 - 94 |
| S Indirect Cost Reimbursement Base 96,700 Amount 940 | ie if other than Agency Secretary nalyst ate 10-27-94 EY Number WEGU-103-35 |
| s s s s s s s s s s s s s s s s s s s | ie if other than Agency Secretary nalyst ate 10-27-94 EY Number WEGU-103-35 |
| S Indirect Cost Reimbursement Base 96,700 Amount 940 | ie if other than Agency Secretary nalyst ate 10-27-94 Y Number W194-103-35 Received 10-3-94 |
| S Indirect Cost Reimbursement S S S S S S S S S | ie if other than Agency Secretary nalyst ate 10-27-94 Y Number W194-103-35 Received 10-3-94 |
| S S S S S S S S S S | ie if other than Agency Secretary nalyst ate 10-27-94 EY Number WEGU-3-35 |
| S Indirect Cost Reimbursement Base 96,700 Amount 940 | ie if other than Agency Secretary nalyst ate 10-27-94 Y Number W194-103-35 Received 10-3-94 |

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 2, 1994

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

State JOBS Plan, State Application Identifier Number WI941028-336-N93021XX

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

-Cepartment of Administration DOA-7020(R12/92)

| | , | | | 2 | | | 3 Agency I.D. (| Optional) |
|------------------------|--|-----------------------|------------|-------------------------------------|---|---------------|----------------------|---------------------------|
| 1 Applicant Agency | lealth & Socia | 1 Services | | | #93. | - | | |
| | ib/State/7in) | L OCT VICE | | 5 Federal Agency to Receive Request | | | | |
| 4 Address (Street/C | son Street, P | .O. Box 7850 | | DH&HS, Office of Community Services | | | | |
| I west will | II 53707-7850 | | | 6 Period | of Funding M | io/Day/Year | 7 Application | |
| Contact Person | | | 0.6 | | 10/1/ | | Mo/Day | · |
| Alice Wilk | ins | Phone 266-344 | 86 | | 9/30/ | | 7/8/94 | |
| 8 Agency Project | itle | | | 9 Execu | tive Order 123 | 72 Review Req | uired 10 Area | of Impact nties/States |
| State JOBS | Plan | | | |] Yes 〔 | | | ewide |
| 11 Type of Application | 20 12 | Type of Assistance | | Clearing | nouses: Notifie | d Dates | State | = NTGE |
| New Grant | } | Grant | | 1 | 1-7 : 1 | a Fe | 1 | |
| | nt to Current Grant | Formula | | 10 | <u> </u> | 1 5- | | |
| | on-Unchanged | Discretionary | | -nor | - 54×x | 7_10 | 47 | |
| ZX Continuation | 1 | Other | | 100 | - Pec | - Bool | ~ | |
| 13 Number of Years | Previously Funded | 4 | | rio | A¶ | ` TV | | |
| 14 Funding, Allotme | et and Position Data (in | cluding Federal indir | ect costs) | | | | | |
| Total Federal Fu | | timated \$30 | millio | on | | | | |
| Numeric | | | | | | ositions | Existin No. (FTE) | g Positions Type |
| Appropriation | Source | Revenue Type | | ount | No. (FTE) | Туре | 21 | Perm |
| 459 | Federal | PR-F | 1 - | nillion | | | | Perm |
| 401 | Federal | GPR | \$ 21 1 | nillion | • | | 2.4 | _ rerm |
| | | | \$ | | | | _ | |
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| | | | | | | | | |
| 15 Indirect Cost Re | imbursement Rate 12.4% | Base Actual | L sala | ^{⊥y} Amoun | t | | □ No | |
| 16 Authorizations | . 1337 | Authorized Agency | | | | | than Agency Sec | |
| 10 ABUIOTIZAUOTIS | | Richard Lo | | | | Deputy | Secretary | |
| | mand Daviers / | Signature | <u> </u> | | | Date | | |
| Deleg: | ated Review | Rock | | (or ont | | | 5-24 | |
| Sennia | FC FC | R DEPARTMENT | OF ADI | MINISTR | VATION USE | ONLY | | |
| | Cola | 7 60 | Phone_ | 600 | SSG | SAI Number | WI-94 | 1038-33 |
| Reviewing Analy | | Approve With | | ins 🔲 | Deny | Date Receiv | ed 10-28 | 3-94 k |
| Lecommencary | · · · · · | * * | Date/ | 4 | 194 | Date Due | 11-10- | - 44 |
| 1 07 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | Date/ | <u> </u> | | ~~~~~~ | | |

101-East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 2, 1994

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

Educating Health Professionals Regarding Environmentally Hazardous Substances (Professional Education-ATSDR), State Application Identifier Number WI940831-264-N93200XX

Dear Secretary Whitburn:

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

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

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

Sincerely,

James R. Klauser

Secretary

H-723-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM hurronmentally Hazardous CFederal-State Relations Office Department of Administration 101 S. Webster St., 5th Floor Form DOA-7020 (R 5-88) P.O. Box 7868 (Formerly FDA 50) Madison, WI 53707-7868 Telephone 608/267-2125 3. Agency LD. (Optional). 1 | Applicant Agency WI Department of Health & Social Services 2 0 0 Federal Agency to Receive Request 4 Address (Street/City/State/Zip) 5 CDC-ATSDR 1 West Wilson Street Application Que Date 6 Period of Funding Mo/Day/Year 09/15/94 Madison WI 53701 Mo/Day/Year Contact Person 09/14/95 Phone 266-8154 08/22/94 Meg Ziarnik 10 Area of Impact Executive Order 12372 Review Required 8 | Agency Project Title Counties/States Professional Education - ATSDR X No Yes statewide 12 Type of Assistance Clearinghouses: Notified Dates 11 Type of Application Grant New Grant Formula Amendment to Current Grant Discretionary Continuation-Unchanged Other Coop Agreemen X Continuation-Modified All 13 Number of Years Previously Funded. 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$85,000 **Existing Positions New Positions** Numeric No. (FTE) Type No. (FTE) Type Amount Revenue Type Source Appropriation .50 perm 85,000 perm PRF .50 Federal \$ 149 \$ 15 Indirect Cost Reimbursement \$5,932 \$39,547 15% Amount. X Yes Rate Authorized Agency Representative (Type or Print) Title if other than Agency Secretary 16 Authorizations Richard Lorang Deputy Secretary Delegated Review 8 17-74 FOR DEPARTMENT OF ADMINISTRATION USE ONLY SAI Number W **Reviewing Analyst**

Approve With Conditions

Recommendation: Approve

Signature

Date Received

Date Due

Denv

CL

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 2, 1994

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

Occupational Safety and Health (Health Consultation (OSHA 1908), State Application Identifier Number WI940831-270-N17500XX

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 NO | Fede | rai-State Relations Office | |
|---|-------------------------------|---|--|--|--|
| Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50) CUPATIONS APPROX | | | 101 S P.O. |), Webster St., 6th Floor Box 7868 Ison, WI 53707-7868 phone 608/267-2125 | |
| Go - 11 Odd Sing | 1 Satet | * Healt | > 10 Ann | ncy I.D. (Optional) | |
| - CCY Jay John | Ŷ O | 2 | 3 AV | | |
| 1 Applicant Agency / DEPT. OF HEALTH AND SOCIAL | | CFDA # <u>↓ </u> | <u> </u> | | |
| DEPT. OF HEALTH AND BOOKES 4 Address (Street/City/State/Zip) | | 5 Federal Agency to Re | Ceive vednes | | |
| 1414 E. Washington Ave., Rr | n. 112 | 6 Period of Funding M | o/Dav/Year 7 Ap | Lipation Due Date | |
| Madison, WI 53703 | | 6 Period of Funding M | ······································ | Mo/Day/Year | |
| Contact Person | (608) | 00/30 | /95 0 | 7/26/94 | |
| Terry E. Moen, Chief | Phone 266-8579 | 9 Executive Order 123 | 2 Review Required | O Area of Impact Counties/States | |
| 8 Agency Project Title | | | } | Contries orares | |
| HEALTH CONSULTATION (OSHA | 1908) | Yes | ⊠ No | All Counties | |
| | Type of Assistance | Clearinghouses: Notifie | | Statewide | |
| TIT-Type of Application | Grant Grant | 1 na | JUDGEO | | |
| New Grant | Formula | 190 | | | |
| Amendment to Current Grant | Discretionary | 1 - 10- | pour | | |
| Continuation-Unchanged Continuation-Modified | Other Contract | All | | | |
| Description Funded | 9 Years | . <u>- </u> | | | |
| and Position Data (in | cluding Federal indirect cost | s) | | | |
| Total Federal Funds Applied For \$674 | ,507 | | ositions | Existing Positions | |
| | Davingua Type A | mount No. (FTE) | Type N | lo. (FTE) Type | |
| Appropriation Source | Mekeune ()be | 4,507 0.1 | Perm | LO.35 Perm | |
| 149 FEDERAL | | | | 1.15 Perm | |
| 101 STATE | GPR \$ 7 | 3,834 | | | |
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| | <u>\$</u> | | | | |
| 15 Indirect Cost Reimbursement | | | | ⊠ No | |
| Yes Rate | Base | Amount | | | |
| | Authorized Agency Repre | sentative (Type or Print) | Title if other than A | | |
| 16 Authorizations | Richard W. Loran | | Deputy Secretary | | |
| Data series Contour | Signature | porand | Date 8-17-74 | 1 | |
| Delegated Review | Morare | \ | | | |
| A 40 | R DEPARTMENT OF A | DMINISTRALIUN USE | UNL! | -0x/xd=/-07/-1 | |
| The Salver Alle 4/ | colomo P Phone | , 9-4546 | SAI Number | -1400 a 14-11 | |
| Reviewing Analyst Approve | Approve With Condi | tions Deny | Date Received | 50 | |
| S. Johnson | Date | 11/194 | Date Due | 1-14-14-1X | |
| Signature | - | ينحسن يم | The second second | * * | |

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 2, 1994

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

Tuberculosis Disease Control, State Application Identifier Number WI941006-308-N93116XX

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

Department of Administration DOA-7020(R12/92)

H - 749-1 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 | | 2 | | pency LD. (Optional) | |
|---|-------------------------------|-------------------------|-----------------------|--------------------------------------|-------------------|
| DHSS Division of Health | | CFDA# <u>93</u> • | | | |
| 4 Address (Street/City/State/Zip) | | 5 Federal Agency to R | leceive Request | the Preven | |
| 1414 E. Washington Ave. | | | | | LIGHT |
| Madison, WI 53703 | | 6 Period of Funding M | | pplication Due Date | |
| Contact Person | | $\frac{2-1}{2}$ | | Mo/Day/Year | |
| Kenneth Baldwin | Phone 608/266-125 | <u> </u> | 31-96 | 10/5/94 | |
| 8 Agency Project Title | _ | 9 Executive Order 123 | 72 Review Required | 10 Area of Impact Counties/States | |
| Tuberculosis Disease Con | itrol | П., | 🖺 No | Counties/States | |
| | | Yes | | Statewide | |
| 11 Type of Application 12 T | ype of Assistance | Clearinghouses: Notifie | d Dates | | - . |
| New Grant | Grant | no | W | | |
| Amendment to Current Grant | Formula | | | | |
| Continuation-Unchanged | Discretionary | | - | | |
| X Continuation-Modified (| Other Co-op Agreemen | All | | | |
| 13 Number of Years Previously Funded Mor | e than 5 | All | | | |
| 14 Funding, Allotment and Position Data (included) | uding Federal indirect costs) | | | | |
| Total Federal Funds Applied For 834, | 251 | | | | |
| Numeric | | | ositions | Existing Positions No. (FTE) Type | |
| | | ount No. (FTE) | | | |
| 149 Federal | PRF \$ 834 | ,251 <u>N</u> | 0 NE _ | 1.5 Perm | <u> </u> |
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| | 3 | | | - | |
| 15 Indirect Cost Reimbursement | | 0.00 | | | |
| X Yes Rate 15 | Base 57,870 | 8,680 |) | □ No | |
| | Authorized Agency Represen | tative (Type or Print) | Title if other than A | gency Secretary | |
| TO AUGUSTIZATIONS | Richard W. Loran | | Deputy Se | cretary | |
| 1 77 | Giggature C | ~ | Date | | |
| ☐ Delegated Review ☐ | Karale 151 | mang_ | 19.4.99 | , | |
| EAR | DEPARTMENT OF ADA | AINISTRATION USE | | | |
| 1 | 17 0 | -n. acill | , | I ALLINOI | - Res - 1 |
| Reviewing Analyst ful and | Phone_ | 1,21/2,40 | SAI Number <i>_</i> | 4-11 100 | ~ Φ∞ / |
| Recommendation: Approve | Approve With Condition | ns Denv | Date Received | 10-6-44 | h |
| 1 | | 71/2161 | D | 10-20-49 | W M Slk |
| Signature S. C. | Date | : 1 4 7 | Date Due | 11/000 | <i>T.</i> |

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 2, 1994

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

Preventive Health Services-Sexually Transmitted Disease Program (Chlamydia Supplement) State Application Identifier Number WI941005-302-N93977XX

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

Department of Administration

Signature 🚉

Ž.,

DOA-7020(R12/92)

| | 2 | 3 | Agency LD. (Optional) | |
|--|--------------------------|----------------------------------|---------------------------------------|------------|
| 1 Applicant Agency | F CFDA | # 9 3 • 9 7 7 | | |
| Health and Social Services | 5 Feder | al Agency to Receive Request | T C L | |
| 4 Address (Street/City/State/Zip) | Cent | ers for Disease Co | ntrol | |
| 1414 E. Washington Ave. Madison, WI 53703-3044 | 6 Period | of Funding Mo/Day/Year 7 | Application Due Date Mo/Day/Year | |
| Madison, WI 53703-3044 Contact Person | <u></u> | ·95 <u>+o 12-31-95</u> | 9-16-94 | |
| Jerald L. Young Phone 2 | 66-5819 ROCK | C 9- | · · · · · · · · · · · · · · · · · · · | |
| LAGOROU Project Titley (LULY) | | tive Order 12372 Review Require | d 10 Area of Impact Counties/States | |
| Sexually Transmitted Disease | Program . | Yes 🗓 No | | |
| (Chlamydia Supplement) | 1 * | | Statewide | |
| 11 Type of Application 12 Type of Ass | stance Clearing | houses: Notified Dates | | |
| New Grant Grant | | www. | | |
| Amendment to Current Grant Formu | a — í | 1= 1 | | |
| Continuation-Unchanged Discre | tionary | | | |
| X Continuation-Modified Other Con | p-Agree | All | | |
| to the state of Proviously Funded 12 | | | | |
| 13 Number of Years Previously 1 and 14 Funding, Allotment and Position Data (including Federal Previously 1 and 14 Funding Federal Previou | eral indirect costs) | | | |
| Total Federal Funds Applied For | | New Positions | Existing Positions | |
| Numeric | Type Amount | No. (FTE) Type | No. (FTE) Type | |
| Appropriation | \$ 50,000 | 0 | 8.5 FTE Perm | |
| 149 Federal PR-F | | | | |
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| | <u> </u> | | | |
| 15 Indirect Cost Reimbursement | | | | |
| X Yes Rate N/A Base | N/A Amou | nt <u>N/A</u> | L No . | |
| A 169 Mary | Agency Representative (T | ype or Print) Title if other the | an Agency Secretary | |
| | ard W. Lorang | Deputy | Secretary | |
| Signature | | Date | | |
| X Delegated Review | ared links: | | Y·?Y | |
| FOR DEPAR | MENT OF ADMINISTR | ATTEM USE ONLY | - Fa// | b1 |
| 1,0 Challe | 0 -1- | ALGE SAI Number | W1941005 3 | (DC) |
| Reviewing Analyst | YIND Phone | 1010 | 12-5-911 | 19297 |
| Recommendation: Approve Appro | ove With Conditions , L | Deny Date Received | | |
| Recommendation: 747 | 11/2 | 194 Date Due | | , <u> </u> |

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 8, 1994

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

> State and Community Highway Safety Plan 1995, State Application Identifier Number WI941005-301-N20600XX

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.

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.

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

| 1 Applicant Agency | | | | 2 | 2.0 | 600 | Agency I.D. (C | (ptional) |
|--------------------------|---|------------------------|---------------|---------------|-------------------------|----------------------------|-------------------------|--|
| Office of | Transportation | n Safety | | CFDA | # 20 • | <u> </u> | | |
| 4 Address (Street/C | City/State/Zip) Transp. Bldg | . Room 809 | | USDO | T/NHTSA a | nd FHWA | 33 1 A | |
| P.O. Box 7 | 910 Madison, | WI 53707-79: | 10 | 6 Period | of Funding Me 10-01- | 0/Day/Year 7 -94 | Application (Mo/Day | |
| Contact Person | | Phone (608)266 | -3557 | 59/ | 09-30- | | 08-01-9 | 4 |
| Martha Flor | * | 11010 (000)200 | | 9 Execut | | | red 10 Area | of Impact |
| 8 Agency Project T | ate Tom | | | | X Yes | □ No | Coun | ties/States |
| 1992 Hide | ay Safety (Plan | / | | | | | <u>Stat</u> | e of |
| 11 Type of Applicati | ion <u>12</u> | Type of Assistance | | Clearingt | ouses: Notifie | d Dates | Wisc | onsin |
| New Grant | | Grant Formula | | | 1020 | 0 W | | |
| 1 | nt to Current Grant | <u> </u> | | : | | | | |
| 1 = | on-Unchanged | Discretionary | • | | | /= 0- | | |
| Continuati | on-Modified Previously Funded 1 | Other | | <u> </u> | All | | | |
| 13 Number of Years | s Previously Funded ent and Position Data (i | nctuding Federal india | ect costs) | <u></u> | | | | |
| 14 Funding, Allotme | ent and Position Data (ii | 220 000 | | ٠., | | | • | |
| Total Federal Fu | inds Applied For $\frac{$5}{}$ | 220,000 | | | New Po | ositions | | j Posi <u>tl</u> ons |
| Numeric Appropriation | Source | Revenue Type | T - | ount | No. (FTE) | Type | No. (FTE) | Туре |
| <u>481 ·</u> | Federal | Seg | \$ 5.2 | 20,000 | | | 11.5 | Perm |
| | | | \$ | | 2.0 | Proj | 4.0 | <u>Proj</u> |
| | | | \$ | - | | | | |
| | State-Match | Seg & | \$1,9 | 93,000 | | | <u> </u> | |
| | 3000 | in-kind | \$ | | | - | 6.0 | Perm |
| | | | - | A1 | | | | |
| | | | 3 | | | | 0 | - |
| | Local Match | <u>In-kind</u> | 3 3.6 | 57000 | | | · ——— | |
| | | | \$ | | | | | |
| 15 Indirect Cost Re | imbursement | | | | | | | - ' |
| Yes | Rate | Base | | Amoun | t | | □ No | - |
| 16 Authorizations | | Authorized Agency | / Represe | ntative (Ty | pe or Print) | ·Title if other th | an Agency Sec | retary |
| 10 | | Charles H. | Thomp | son | | | | |
| □ Delea | ated Review | Signature | | \ | | 0ate 9- | ~ () | |
| , neied | | Charle | _// | Thom | | | 49 | |
| | F | JEPARIMEN | COFAD | MINISTR | | UNLI | ~~~~ | |
| Reviewing Analy | vot Doug | Jercy | Phone _ | 6-11 | <u> </u> | SAI Number(| 14-14 | 005-34 |
| | | Approve With | Conditio | ons \square | Deny | Date Receive | d 10-5 | 9-dU |
| Recommendation | M. Whiteana | - Indiana tum | | 11/2/ | 011 | Date Due | 10-1 | |
| Signature | Lay terry | | Date | -4/2/- | | nera Nna | | |

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Robert Erickson, Director Research Administation 750 University Avenue Madison, WI 53706

> Small Business Development Center Multi-Media Pollution Prevention Activities, State Application Identifier Number WI941031-337-N59000XX

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.

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

Sincerely,

James R. Klauser

Sedretary

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

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

| | | | | . 2 | Agency LD. (Op | tionail |
|--|--------------------------------------|--------------------|--------------------|----------------|--|------------------------|
| 1 Applicant Agency UWS Board | l of Regents | 2 CFD/ | \# <u>59.0</u> | 00 | Tyderes arrives | |
| | | | al Agency to Rec | eive Reques | t | |
| 4 Address (Street/City/State/Zip) | | 1 - 1 | ice of SBC | | | |
| 750 University Aver | iue | | | | Application Du | e Oate |
| Madison, WI 53706 | | | d of Funding Mo/ | | Mo/Day/Y | ear |
| Contact Person | | est | | | | į. |
| Robert Erickson | Phone 2-3822 | | 1 <u>1/14/</u> | | 10/28/9 ired 10 Area of | |
| 8 Agency Project Title | ra Duamata Milti | 9 Execu | ntive Order 12372 | HEVIEW HEQU | Counti | es/States |
| Building Capacity to Media Pollution Pre | o Promote Multi Evention Praction | es ~ | 7 ('K | ⊴ ∾ ⊃ |) | 33,012.11 |
| among Small & Med. | sized companie | 2 | Yes C | № | State | of WI |
| | 12 Type of Assistance | Clearing | houses: Notified | Oates | | |
| 11 Type of Application | ļ ' | <i>b</i> | | FOR | ' | |
| New Grant | Grant | | oc in | 1 × 6 | _ | |
| Amendment to Current Grant | | Rit | ol no | | ــــــــــــــــــــــــــــــــــــــ | |
| Continuation-Unchanged | X Discretionary | | ala (| State | UST | |
| Continuation-Modified | Other | | AII | | | |
| 13 Number of Years Previously Funder | ı n/a | | | | | |
| The second of th | a (including Federal indire | ect costs) | | | | |
| المنظ | \$ 190,768 | | | | | |
| Total Federal Funds Applied For | | | New Pos | sitions | Existing (| Positions |
| Numeric Appropriation Source | Revenue Type | Amount | No. (FTE) | Type | No. (FTE) | Туре |
| Appropriation | | \$ 100 769 | .50 | AS | .30 | AS |
| SBDC 94-004 SBA/EPA | <u>n/a</u> | \$ 190,768 | | | 1 | |
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| 15 Indirect Cost Reimbursement | | | | | | |
| | Base <u>\$151</u> | 403 Amorri | nt <u>\$ 39.36</u> | 5 | ☐ No | |
| 4, 103 1,000 | | | | | nan Agency Secre | tarv |
| 16 Authorizations | Authorized Agency | Representative (Ty | the or count | ira ii Ariai R | and the second second | , |
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| Delegated Review | Signature | | 0 | ate | | |
| Delegated Nevice | | | | | | |
| | EOR DEPARTMENT | OF ADMINISTR | ATION USE O | NLY | | |
| | | il d | | 1 | TOYLIA | 3/_32 |
| Reviewing Analyst Brian | Hannke | Phone 4-8 | 259 s | Al Number | <u>۱۴۱0 سای </u> | 3/ 30 |
| 677 | | 0 | Danie D | ate Receive | n /n-(7/ | -44_ |
| Recommendation: Approve | Approve With | Conditions, | Deny Da | are uereile | 11 11/ | 011 |
| (M) Kally | y | Date///08/94 | נס | ate Due | 11-14 | >7V_ |
| Signature | | 777 | | | - 1 - 1 | ۱ ۱ |
| COMMENTS: | _ | , | | | | الم. مد السود <u>.</u> |
| | • | | | | | |

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 2, 1994

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

Preventive Health and Health Services Block Grant, State Application Identifier Number WI941018-309-N93991XX

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

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

| | | | | | | • |
|---|---|------------------------|-------------------|--|--|---------|
| 1 Applicant Agency DEPT. OF HEAITH & SO | CIAL SERVICES | CFDA # 93 | . 9 9 1 | Agency LD. (C | ptional) | |
| 4 Address (Street/City/State/Zip) | | 5 Federal Agency to | | a U | | |
| 1414 EAST WASHINGTO | N AVE ROOM 167 | CENTERS F | | | OL | İ |
| MADISON, WI. 53703- | | | Mo/Day/Year 7 | | | |
| Contact Person | 3044 | 1 7 1 | 1/94 | Mo/Day/ | | |
| | Phone | | 30/96 | 10/3/94 | | |
| a Agency Project Little | o maran orbutone | | 2372 Review Requ | | i Imoact | |
| 8 PREVENTIVE HEALTH | | S DOCUMENT CHANGE | 20121101101111040 | | ies/States | |
| (PREVENTION) BLOCK | GRANT | Yes | X No | | | ĺ |
| | Isol Toron of Assistance | | See See | STAT | EWIDE | |
| 11 Type of Application | 12 Type of Assistance | Clearinghouses: Not | ified Dates | | | • |
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| Amendment to Current Grant | | | | 7 | | |
| Continuation-Unchanged | Discretionary | | TRAMINO | 08 | | - |
| A Continuation-Modified | Other | All | 12 grass | 9 - | | |
| 13 Number of Years Previously Funded | | | <i>,</i> | | | 1 |
| 14 Funding, Allotment and Position Data | | | | | | 1 |
| Total Federal Funds Applied For \$ | 3,153,678 | | | | | l |
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| Appropriation Source | Revenue Type Am | ount No. (FTE |) Type | No. (FTE) | Туре | 1 |
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| 15 Indirect Cost Reimbursement | | | | | · · · · · · · · · · · · · · · · · · · | Ì |
| Yes Rate VARIOU | S Base \$793,333 | Amount \$119, | 000 | □No | | ĺ |
| | | | | | | l |
| 16 Authorizations | Authorized Agency Represent RICHARD W. LORA | tative (Type or Print) | DEPUTY | SECRETAR | tary | |
| | ATOMAKO W. BOXX | 1110 | | | | |
| ☐ Delegated Review | Signature C | | Date | | | ł |
| | 20 Jackson De | wond, | 10-5 | -94 | | |
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| Reviewing Analyst | Phone _ | -47300 | SAI Number | 4-77 | | 7-N |
| I | | | | 10-18 | -40 I | أمريه ا |
| Recommendation: Approve | Approve With Condition | s U Deny | Date Received | 1 0 | 1 | 991 |
| Signature S. Jaleums | Stem Date 11 | 2194 | Date Due | | <u> </u> | |
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101 Fast Wison Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 14, 1994

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

> Air Pollution Control Program (Great Lakes Atmospheric Loading Monitoring Network), State Application Identifier Number WI941102-340-N66001ZZ

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

Sedretary

Wisconsin Federal grant application notice Pat +.

| ر ۱۰ اهد - | Department of Adr Form OA-7020 () Formerly FDA 50 | R <i>5-</i> 88) | A. | on C | outral | Room | M. | 10 P.t Mi Te | l S. Webster D. Box 7868 adison, WI 5 iephone (608) | 267-2125 | |
|-------------------|---|-------------------------------|---|---|------------------------|-------------------------------|------------------|-----------------------|--|-------------------|------|
| | Applicant Ager | icy Janual Resources | | | | CFDA# 66.001 | | 31 A | END (O | ocional) | |
| | Address (Screet 101 S. Webster Madison, WI 53 | • | 5 Federal Agency to Receive Request ENVIRONMENTAL PROTECTION AGENCY | | | | | | | | |
| | Contact Person BRUCE C. | | 22 | 6 Period of Funding Mo/Day/Year 10/01/94 Mo/Day/Year 10/01/94 09/30/95 10/15/94 | | | | | | | |
| \bigcap | Agency Project Title GREAT LAKES ATMOSPHERIC LOADING MONITORING NETWORK II Type of Application 12 Type of Assistance | | | | Executive Orde | r 12372 Review Re | quired | Area of | | | |
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| | New Grant Ammendment to Current Grant Formula | | | | Clearinghouses: | Notified D | aces | MANITOWOC BOY | | | |
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| | Continuation | n-Unchanged | | | cretionary | - | - | | MILWAU |] | |
| | | n-Modified | | Other: | accertaint y | | | | DOUGLA: | 7 PC | |
| | 13 Number of Ver | s previously funded: | 14 YF | ARS (1980- | .941 | Y | Ale 10/ | +/94 | COUNTIE | 1 | |
| ŀ | 141 | | | | | | | , , , , | 1 | | |
| | Punding, Allotti | ent and Position Data | (inicue | ing recerni inc | mect costs) | | | | | | |
| | Total Federal Funds | Applied For \$4 <u>8,95</u> (| 0.00 | | • | | | | | | |
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| - | Appropriation 236 | Source STATE | PRO | renue Type | \$2.333 | Non | | 10.22 | | PERM | 1 |
| | 20 801 | STATE | GPR | | \$ 247 | NOIV | <u> </u> | | | | - |
| L | 241 | FEDERAL | PR-F | | \$44,247 | | : | | | | † |
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| ŀ | 61 | | | Authorized A | gency Representative (| Type or Print) | 1 | | асу Ѕестепагу | | 1 |
| Darrei L. Bazzeil | | | | Administrator - OPA Date / / | | | | | - | | |
| | X Delegate | d Review | | Signature | 11 Bay 16 | 10/3/99 | | | | | |
| | zakten | 7.2.45 P. S. S. | ≠•, E | or depar | TENTENTE PRESENT | MINISTERACION | BESEONEÝ | AT THE ST | re Omo | | 370 |
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| 1 | tecommendation | OT IN 120 | 11. | Approve | Widi Condidons | 11/7/94 | t | 1 | 1-1/2 | -4KL | |
| 5 | lignature | 744 | 4 | | _ Date | '' - - - - - | Daze Due | | 1 0 | | 1 |
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| | Comments Contin | ued on Reverse or on | а Ѕера | ate Sheet | | | | | | - | |

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 22, 1994

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

FY95 Administrative Grant for Wisconsin National and Community Service Board, State Application Identifier Number WI941111-363-N94003XX

Dear Mr. Robinson:

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

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

Sincerely,

James R. Klauser

Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration

DOA-7020(R12/92)

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

| 1 Applicant Agency DOA-NCSB | | | | | A# 9 4 | 003 | 3 A9 | ency I.D. | (Optional) | |
|--|-----------------------|---------------------------|----------------|-----------------|---|---|---------|-----------|--------------|-----|
| 4 Address (Street/City/State/Zip) | | | | | 5 Federal Agency to Receive Request CORPORATION FOR NATIONAL SERVICE | | | | | |
| 101 E. W. 1500 Street | | | | | | | | | | |
| Madison, WI 53707 Contact Person | | | | | 6 Period of Funding Mo/Day/Year 7 Application Due Date Mo/Day/Year 11/15/94 | | | | | |
| 8 Agency Project | Title | D 9. | <u> </u> | 9 Exec | utive Order 12 | 2372 Review R | equired | 10 Area | of Impact | 1 |
| 101 | INISTRATIVE | GRANT | | Counties/States | | | | | nties/States | |
| | | | | | Yes | XX No | | CHANT | TITTOE' | |
| 11 Type of Applicat | ion | 12 Type of Assistance | | Clearing | houses: Noti | fied Date | es | STATE | WIDE | |
| New Gran | | Grant | | | | | | | | |
| Amendme | ent to Current Grant | Formula | | | | | | | | |
| Continuati | ion-Unchanged | Discretionary | | | | | | | | |
| X Continuati | ion-Modified | Other | | | A 13 | | | | | |
| | s Previously Funded | | | | AII | | | | | 4 |
| 14 Funding, Allotmo | ent and Position Data | a (including Federal indi | rect costs) | | | | | | | |
| Total Federal Fu | inds Applied For | 345,186 | | | | | | | | |
| Numeric Appropriation | Source | Revenue Type | Am | ount | No. (FTE) | | | lo. (FTE) | | |
| 444 | FEDERAL | FED | \$ 345, | ,186 | 2 | PROJE | CT | 2.5 | PROJECT | |
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| 15 Indirect Cost Re | imbursement | | | | | | | | |] |
| (2 -1 | Rate <u>6.0%</u> | Base <u>\$198</u> | | | nt <u>\$11,8</u> | | | ☐ No | | _ |
| 16 Authorizations Authorized Agency Represent LARY SWOBODA | | | | ntative (Ty | pe or Print) | Title if other than Agency Secretary EXECUTIVE DIRECTOR | | | | |
| ☐ Delegated Review Signature | | | | 1 | | Date ///5/9 4 | | | <i>e 1</i> | |
| | | EAD DER ATTIEST | OF AC | AUNICTO | ATION HE | E ONE V | $(LL^2$ | <u> </u> | 7 | 1 |
| FOR DEPÁRTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | |
| Reviewing Analy | et Mr. Ko H | 5. 86 15 | Phone _ | <u> </u> | 729 | | | | -363-1940 | D3× |
| | n: Approve | Approve With | | | Deny | Date Rece | | • | | |
| Signature 7 | Cutal 1 | 6/1 | Date <u>//</u> | -15-99 | / | Date Due _ | | 451 | 94 | |

Department of Military Affairs

October 19, 1994

TO:

State Federal Relations

Division of Executive Budget & Planning

FROM:

Steve Bendrick

Budget & Finance Manager, Military Affairs

RE:

Federal Cooperative Funding Agreements

Attached are twelve grant application notices for cooperative funding agreements between the Department of Military Affairs and the Departments of the Army and Air Force, National Guard Bureau. These agreements are for FFY 1995 which commences October 1, 1994.

These agreements are long-standing and renewed annually, forming the basis for the state-federal partnership authorized under federal law for the operation of the Army & Air National Guard.

Fiscal impact of these agreements is as follows:

| Agreement | Federal | | State | |
|--|---|---|--|--|
| Army O & M & Training Site Army Environmental Army Security Truax Opers & Maint Truax Security Truax Fire/Crash Comitchell Opers & Maint Mitchell Security Mitchell Fire/Crash Mitchell Fire/Crash Mitchell Fire/Crash Mitchell Fire/Crash Mitchell Fire/Crash Mitchell Fire/Crash Mitchell Fire/Crash Mitchell Fire/Crash Mitchell Fire/Crash Mitchell Fire/Crash Mitchell Fire/Crash | Dollars 1,401,400 475,000 164,500 788,481 398,000 972,600 831,557 326,700 580,900 2,107,329 454,500 311,700 | Positions 25.000 3.750 13.250 16.000 22.000 14.000 12.000 12.000 50.750 18.000 8.000 | Dollars 259,300 12,667 249,227 -0- 261,619 -0- 13,000 | Positions 4.000 .250 4.125 4.375 |
| | 8,812,667 | 194.750 | 795,813 | 13.250 |

These figures represent a total decrease of \$230,968 from 1994 budgets for the same agreements (152,520 Federal, 78,448 State). State match will be derived from existing appropriations to the Department of Military Affairs, or, in limited cases, from funds controlled by the State Building Commission.

cc: Pamela Henning

OCT 2 6 1994

DIVISION OF ENERGY AND INTERGOVERNMENTAL RELATIONS

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

> Army Operations and Maintenance Agreement FFY95, State Application Identifier Number WI941027-324-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,

James R. Klauser

Secretary

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

> Army Environmental Agreement FFY95, State Application Identifier Number WI941027-325-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,

James R. Klauser

Segretary

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

> Army Security Agreement FFY95, State Application Identifier Number WI941027-326-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,

James R. Klauser

Secretary

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

Truax Field Operations and Maintenance Agreement FFY95, State Application Identifier Number WI941027-327-N00000YY

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,

James R. Klauser

Secretary

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

Truax Field Security Agreement FFY95, State Application Identifier Number WI941027-328-N00000YY

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,

James R. Klauser

Secretary

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

> Truax Field Fire/Crash Rescue Agreement FFY95, State Application Identifier Number WI941027-329-N00000YY

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,

James R. Klauser

Secretary

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

> Mitchell Field Operations and Maintenance Agreement FFY95, State Application Identifier Number WI941027-330-N00000YY

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,

James R. Klauser

Secretary

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

Mitchell Field Security Agreement FFY95, State Application Identifier Number WI941027-331-N00000YY

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,

James R. Klauser

Sechetary

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

> Mitchell Field Fire/Crash Rescue Agreement FFY95, State Application Identifier Number WI941027-332-N00000YY

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,

James R. Klauser

Secretary

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

> Volk Field Operations and Maintenance Agreement FFY95, State Application Identifier Number WI941027-333-N00000YY

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,

James R. Klauser

Secretary

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

> Volk Field Security Agreement FFY95, State Application Identifier Number WI941027-334-N00000YY

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,

James R. Klauser

Secretary

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



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

November 9, 1994

Steven L. Bendrick, Fiscal Officer Department of Military Affairs 2400 Wright Street Madison, WI 53708-8111

> Volk Field Fire/Crash Rescue Agreement FFY95, State Application Identifier Number WI941027-335-N00000YY

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

James R. Klauser

Secretary