

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

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

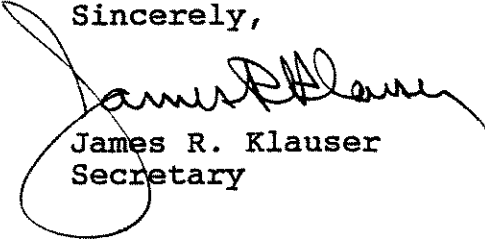
Dear Secretary Whitburn:

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

4-722-1

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

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

<b>1</b> Applicant Agency DHSS/DOH/BPH	<b>2</b> CFDA # <u>10 . 557</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip)  P.O. Box 309, Madison WI 53701 Contact Person Patti Herrick Phone 266-3821	<b>5</b> Federal Agency to Receive Request USDA/Food and Nutrition Service	<b>7</b> Application Due Date Mo/Day/Year 8/15/94
<b>8</b> Agency Project Title WIC-The Special Supplemental Food Program for Women, Infants and Children	<b>6</b> Period of Funding Mo/Day/Year 10/1/94 9/30/95	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WI EF All
<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 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 _____							
<b>14</b> 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
148	Federal	PR-F	\$ 55,130,862	1.0	AO1 Sup	19.95	Perm
			\$	1.0	AA4	2.00	Proj
			\$	1.0	RA6		
			\$	.5	PHnt2		
			\$	Proj.	Perm		
			\$	1.0	AA3		
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes Rate 15% Base 890,596 Amount 133,589  No

<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang  Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Deputy Secretary  Date <u>8-15-94</u>
---	---	---

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Sue Jablonsky</u> Phone <u>9-9546</u>	SAI Number <u>WI 940819-250</u>	Date Received <u>8-19-94</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date <u>10/11/94</u>	Date Due <u>9-2-94</u>
Signature <u>S. Jablonsky</u>	Date <u>10/11/94</u>	Date Due <u>9-2-94</u>

250  
NU  
55

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

October 18, 1994

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

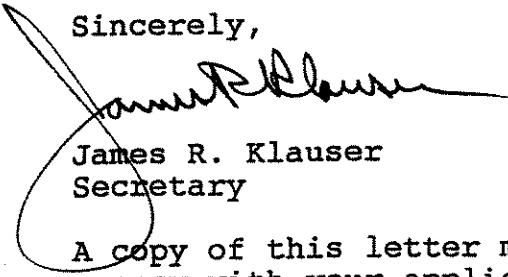
Plant and Animal Disease, Pest  
Control and Animal Care (Cooperative  
Agricultural Pest Survey), State  
Application Identifier Number  
WI940919-287-N10025XX

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  
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

October 20, 1994

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

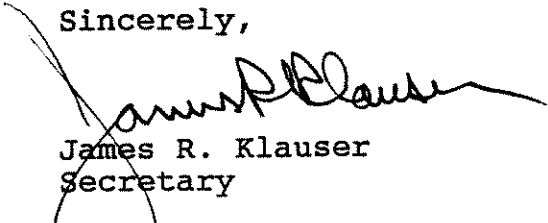
Nonpoint Source Implementation  
(Section 319), State Application  
Identifier Number WI940831-268-N66460XX

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.

# 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# 66.459 <i>460</i>		<b>3</b> Agency I.D. (Optional) 392 <i>480</i>																																																																					
<b>4</b> Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person Ed Boebel Phone 608/266-9252			<b>5</b> Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																							
			<b>6</b> Period of Funding Mo/Day/Year 10/01/94 09/30/96		<b>7</b> Application Due Date Mo/Day/Year 10/01/94																																																																					
<b>8</b> Agency Project Title Nonpoint Source Implementation - Section 319			<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no WI</i> <i>EO required</i>		<b>10</b> Area of Impact Counties/States Statewide																																																																					
<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 type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		All <i>8-26-94</i>																																																																						
<b>13</b> Number of Years previously funded: 6			<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)																																																																							
Total Federal Funds Applied For <u>\$3,077,274</u>																																																																										
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <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>241/445</td> <td>Federal</td> <td>PR-F</td> <td>\$2,715,357</td> <td></td> <td></td> <td>15.0</td> <td>Perm</td> </tr> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$</td> <td><del>4.0</del> 2.0</td> <td>Proj.</td> <td>7.0</td> <td>Proj.</td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$142,259</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>454</td> <td>State</td> <td>SEG</td> <td>\$2,935,014</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$142,260</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Fed-DATCP</td> <td>PR-F</td> <td>\$219,658</td> <td><del>4.0</del> 0.0</td> <td>Proj.</td> <td>3.0</td> <td>Proj.</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	241/445	Federal	PR-F	\$2,715,357			15.0	Perm	241	Federal	PR-F	\$	<del>4.0</del> 2.0	Proj.	7.0	Proj.	846	Federal	PR-F	\$142,259					454	State	SEG	\$2,935,014					801	State	GPR	\$142,260						Fed-DATCP	PR-F	\$219,658	<del>4.0</del> 0.0	Proj.	3.0	Proj.				\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																				
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241/445	Federal	PR-F	\$2,715,357			15.0	Perm																																																																			
241	Federal	PR-F	\$	<del>4.0</del> 2.0	Proj.	7.0	Proj.																																																																			
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801	State	GPR	\$142,260																																																																							
	Fed-DATCP	PR-F	\$219,658	<del>4.0</del> 0.0	Proj.	3.0	Proj.																																																																			
			\$																																																																							
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>.2328%</u> Base <u>\$1,222,156</u> Amount <u>\$284,519</u> <input type="checkbox"/> No																																																																										
<b>16</b> 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>8/24/94</i>																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																										
Reviewing Analyst <i>Dave Schmiedicke</i> Phone <i>608/1046</i>				SAI Number <i>WI940831-268-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>Russell Rasmussen</i> Date <i>10/19/94</i>				Date Due <i>9-14-94</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

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.

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-724-1

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

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

*Program*  
*Toxic Substance Compliance Monitoring*

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>66.701</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Ave Madison, WI 53703 Contact Person Terry Moen Phone 266-8579		5 Federal Agency to Receive Request U.S. Environmental Protection Agency	
		6 Period of Funding Mo/Day/Year <u>10/1/94</u> <u>9/30/95</u>	7 Application Due Date Mo/Day/Year <u>9/30/95</u>
8 Agency Project Title EPA/TSCA Abbestos-in-Schools Cooperative Agreements		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>needs w/ EO</u>	10 Area of Impact Counties/States Wisconsin state wide
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		

13 Number of Years Previously Funded nine

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For 178,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 178,000			3	PERM
184	Prog Rev	PRO (in kind)	\$ 59,400				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 15% Base 93,500 Amount 14,100  No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard W. Lorang</i>	Date 8-23-94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Jablonczyk Phone 7-9546 SAI Number WI 94088-262-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 8-31-94  
 Signature S. Jablonczyk Date 9/7/94 Date Due 9-14-94

6671  
XX



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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

*mailed 10/24*

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,

A handwritten signature in black ink, appearing to read "Martha Kerner".

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.

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Federal-State Relations Office  
 101 S. Webster St., 8th Floor  
 P.O. Box 7868  
 Madison, WI 53707-7868  
 Telephone 608/267-2125

1 Applicant Agency: Wisconsin Department of Industry, Labor & Human Relations  
 2 CFDA #: 17.207  
 3 Agency I.D. (Optional):  
 4 Address (Street/City/State/Zip): P. O. Box 7946 (201 E. Washington Ave.) Madison, WI 53707  
 5 Federal Agency to Receive Request: U.S. Department of Labor, ETA  
 6 Period of Funding Mo/Day/Year: 07/01/94 - 06/30/95  
 7 Application Due Date Mo/Day/Year: 07/30/94  
 8 Agency Project Title: Employment Services  
 9 Executive Order 12372 Review Required:  Yes  No  
 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: \$54,479  
 Clearinghouses: Notified Dates: *None*  
 X All

Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	New Positions Type	Existing Positions No. (FTE)	Existing Positions Type
151	Federal	PR-F	\$ 54,181			.74	Perm
153-Indirect	Federal	PR-F	\$ 298				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement:  Yes Rate 97% Base \$30,876 Amount \$298  No  
 16 Authorizations:  Delegated Review  
 Authorized Agency Representative (Type or Print): Debbie Benish  
 Signature: *Debbie Benish*  
 Title if other than Agency Secretary: Budget Analyst  
 Date: 7-26-94

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**  
 Reviewing Analyst: *Orlando Cantor* Phone: *6-1103* SAI Number: *WI94024261-N*  
 Recommendation:  Approve  Approve With Conditions  Deny  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date Received: *8-24-94*  
 Date Due: *9-7-94*  
 COMMENTS:  
 Comments Continued on Reverse or on a Separate Sheet  
*8/25-Entire app to OC, Del*

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 25, 1994

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

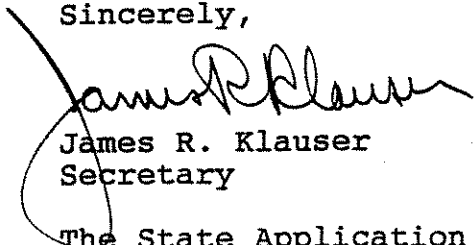
State Approving Agency Reimbursement  
Contract, State Application  
Identifier Number WI941005-303-N00000XX

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.

# 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 Educational Approval Board	<b>2</b> CFDA # <u>not listed</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 310 Price Place, P. O. Box 7874 Madison, WI 53707 Contact Person Claudia Berry Miran Phone 266-0077	<b>5</b> Federal Agency to Receive Request U. S. Department of Veterans Affairs	
<b>8</b> Agency Project Title State Approving Agency Reimbursement Contract	<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 10/1/94
<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 <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Other Contract	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ _____ All
<b>10</b> Area of Impact Counties/States <u>Statewide</u>		

**13** Number of Years Previously Funded 41

**14** Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For \$284,893

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
292-HU	Federal	PR-F	\$ 284,893	.5	Perm	3.94	perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

**16** Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print)  
Claudia Berry Miran  
 Signature *Claudia Berry Miran*  
 Title if other than Agency Secretary  
Legal Counsel  
 Date 9/26/94

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Wanda Carter Phone 61103 SAI Number WI94/005-303-NOC

Recommendation:  Approve  Approve With Conditions  Deny  
 Signature *[Signature]* Date 10/20 Date Received 10-5-94 Date Due 10-19-94

COMMENTS:

000  
X8

H-730-1

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency WI Department of Health & Social Services		2 CFDA # <u>17-500</u>		3 Agency I.D. (Optional) <u>H-730-1</u>	
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Room 112 Madison, WI 53703 Contact Person Terry Moen Phone (608)266-8579		5 Federal Agency to Receive Request U.S. Dept. of Labor; OSHA <i>etc</i>		6 Period of Funding Mo/Day/Year <u>10/1/94</u> <u>9/30/95</u>	
8 Agency Project Title OSHA 7(c)(1) Laboratory		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified <u>10 Feb 90</u> <u>Required</u> All		10 Area of Impact Counties/States <u>Nationwide</u>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____			
13 Number of Years Previously Funded <u>16</u>					

ok  
↓

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For \$1,367,175

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 1,367,175	All Contractual	Services to		
			\$		Wisconsin Occupational Health		
			\$		Laboratory, State Laboratory		
			\$		of Hygiene		
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
Signature <i>Richard W. Lorang</i>	Date 8-28-94

### FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jafrowsky Phone 7-9546 SAI Number WI941005-30

Recommendation:  Approve  Approve With Conditions  Deny Date Received 10-5-94

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due Dec 1

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

FN  
17  
500  
X



# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

<b>1</b> Applicant Agency Dept. of Health & Social Services	<b>2</b> CFDA # <u>10 . 568</u>	<b>3</b> Agency I.D. (Optional) <u>DES-167-1</u>
<b>4</b> Address (Street/City/State/Zip) 1 W. Wilson Street Madison, WI 53702  Contact Person Valery Buechner Phone 608/266-3362	<b>5</b> Federal Agency to Receive Request USDA, Food & Nutrition Service	
	<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>The Emergency Food Assistance Program &amp; Soup Kitchen/Food Bank</u>	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Clearinghouses: Notified Dates <u>NO WT</u> <u>ED</u> <u>All</u>	<b>10</b> Area of Impact Counties/States  Statewide
<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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other	
<b>13</b> Number of Years Previously Funded <u>more than 5</u>		

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

Total Federal Funds Applied For \$691,430

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
440	Federal	PR-F	\$ 92,150				
441	Federal	PR-F	\$ 599,280			1.5	Perm
401	State	GPR	\$ 150,000				
415	State	GPR	\$ 46,075				
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes Rate 12.6% Base \$50,000 Amount \$6,300  No

**16** Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard Lorang Signature 	Title if other than Agency Secretary Deputy Secretary Date <u>10-1-94</u>
--	---	--

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Janice Sajna Phone 6-8219 SAI Number WT 941006-307-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 10-6-94  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due 10-6-94

COMMENTS:

10568  
XX

Comments Continued on Reverse or on a Separate Sheet





# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

<b>1</b> Applicant Agency Dept. of Industry, Labor & Human Relations		<b>2</b> CFDA # <u>17.203</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) P. O. Box 7946 (201 E. Washington Avenue) Madison, WI 53707 Contact Person Sue Huss Phone 608/266-3338		<b>5</b> Federal Agency to Receive Request U. S. Dept. of Labor, Employment & Training Admin.	
<b>8</b> Agency Project Title Alien Labor Certification		<b>6</b> Period of Funding Mo/Day/Year <u>10/01/94</u> <u>09/30/95</u>	<b>7</b> Application Due Date Mo/Day/Year 10/21/94
<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 Fed</u> <u>EO</u> All	
<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>more than 6 years</u>			

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$298,474</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
141	Federal	PR-F	\$ 297,015			4.24	Perm.
153-Indirect	Federal	PR-F	\$ 1,459				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>.0097</u> Base <u>\$150,450</u> Amount <u>\$1,479</u>		<input type="checkbox"/> No
<b>16</b> Authorizations  <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Sue Huss	Title if other than Agency Secretary Budget Analyst
	Signature 	Date 10/20/94

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Osvaldo Cantu</u> Phone <u>6-1103</u>	SAI Number <u>WI941025-320-1</u>	
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>10-25-94</u>	
Signature _____ Date _____	Date Due <u>Dec. 17 2003</u>	XX

COMMENTS:

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/257-2125

*Y.H.*  
*logged*

1 Applicant Agency Dept. of Industry, Labor & Human Relations		2 CFDA # <u>17-207</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 201 E. Washington Ave. Madison, WI 53707 Contact Person Bill Richey Phone 266-0959		5 Federal Agency to Receive Request USDOL/Employment & Training Admin.	
		6 Period of Funding Mo/Day/Year <u>10/1/94</u> <u>12/31/94</u>	7 Application Due Date Mo/Day/Year <u>10/21/94</u>
8 Agency Project Title <u>Employment Service</u> <u>Targeted Jobs Tax Credit</u>		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>Needs WI</u> <u>ET</u>	10 Area of Impact Counties/States <u>Statewide</u>
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other		
13 Number of Years Previously Funded <u>more than 5 years</u>			

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$101,053</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>151</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 100,504</u>			<u>7.17</u>	<u>Perm.</u>
<u>153-Indirect</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 549</u>				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate .97% Base \$56,520 Amount \$549  No

16 Authorizations  <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Debbie Benish</u>	Title if other than Agency Secretary <u>Budget Analyst</u>
	Signature <u>Debbie Benish</u>	Date <u>10-19-94</u>

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Orlando Castro Phone 6-1103 SAI Number WI941025-319-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received 10-25-94

Signature [Signature] Date 10/25/94 Date Due Dec

*17207*  
*XX*

COMMENTS:

## WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

<p>1 Applicant Agency Dept. of Industry, Labor &amp; Human Relations</p> <p>4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Debbie Benish Phone 608/266/5747</p> <p>8 Agency Project Title LMI Infrastructure (One-Stop) Plan</p> <p>11 Type of Application  <input checked="" type="checkbox"/> New Grant  <input type="checkbox"/> Amendment to Current Grant  <input type="checkbox"/> Continuation-Unchanged  <input type="checkbox"/> Continuation-Modified             </p>	<p>2 CFDA # 1 7 . 2 0 7</p> <p>3 Agency I.D. (Optional)</p> <p>5 Federal Agency to Receive Request U. S. Dept. of Labor, ETA</p> <p>6 Period of Funding Mo/Day/Year 07/01/94 06/30/95</p> <p>7 Application Due Date Mo/Day/Year 10/31/94</p> <p>9 Executive Order 12372 Review Required  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  Clearinghouses: Notified Dates  <i>had WI</i>                  _____                  _____                  _____             </p> <p>10 Area of Impact Counties/States Statewide</p>
<p>12 Type of Assistance Grant  <input checked="" type="checkbox"/> Formula  <input type="checkbox"/> Discretionary  <input type="checkbox"/> Other</p>	<p>13 Number of Years Previously Funded 0</p> <p>14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$75,372</p>

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
151	Federal	PR-F	\$ 75,202	1.03	Project		
153-Indirect	Federal	PR-F	\$ 170				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate .97% Base \$17,524 Amount \$170  No

16 Authorizations  <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Debbie Benish Signature <i>Debbie Benish</i>	Title if other than Agency Secretary Budget Analyst Date 10-28-94
--	--	--

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <i>Orlando Canto</i> Phone <i>6-1103</i>	SAI Number <i>WI 941031-338</i>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>10-31-94</i>
Signature <i>[Signature]</i> Date <i>11/7/94</i>	Date Due <i>10-31-94</i>

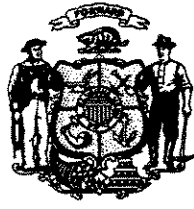
COMMENTS: \_\_\_\_\_

Comments Continued on Reverse or on a Separate Sheet

*APR*  
*10/31/94*  
*NI*  
*207*  
*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

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

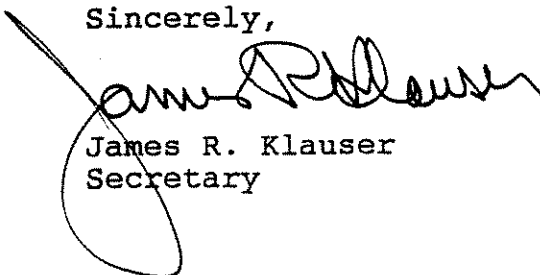
Dear Secretary Whitburn:

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

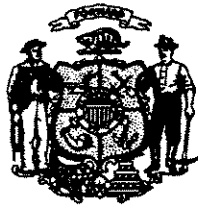
WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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 Applicant Agency</b> Dept. of Health & Social Services		<b>2</b> CFDA # <u>93-021</u>	<b>3 Agency I.D. (Optional)</b>				
<b>4 Address (Street/City/State/Zip)</b> 1 West Wilson Street, P.O. Box 7850 Madison, WI 53707-7850 Contact Person Alice Wilkins Phone 266-3486		<b>5 Federal Agency to Receive Request</b> DH&HS, Office of Community Services					
<b>8 Agency Project Title</b> State JOBS Plan		<b>6 Period of Funding Mo/Day/Year</b> 10/1/94 9/30/95	<b>7 Application Due Date Mo/Day/Year</b> 7/8/94				
<b>11 Type of Application</b> <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 Executive Order 12372 Review Required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates not in Fed nor state list nor Fed. Book					
<b>12 Type of Assistance</b> Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		<b>10 Area of Impact Counties/States</b> Statewide					
<b>13 Number of Years Previously Funded</b> 4		<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b> estimated \$30 million					
Total Federal Funds Applied For _____							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
459	Federal	PR-F	\$ 30 million			21	Perm
401	Federal	GPR	\$ 21 million			2.4	Perm
\$			\$				
\$			\$				
\$			\$				
\$			\$				
\$			\$				
\$			\$				
\$			\$				
\$			\$				
<b>15 Indirect Cost Reimbursement</b> <input checked="" type="checkbox"/> Yes Rate <u>12.4%</u> Base <u>Actual salary</u> Amount _____ <input type="checkbox"/> No							
<b>16 Authorizations</b> <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard Lorang Signature <i>Richard Lorang</i>		Title if other than Agency Secretary Deputy Secretary Date <u>7-15-94</u>			
Jennifer Signer ✓ <b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>							
Reviewing Analyst <u>Catherine Fossum</u> Phone <u>608-2288</u>		SAI Number <u>WI941028-336-1</u>					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>10-28-94</u>		Date Due <u>11-10-94</u>			
Signature <i>Jennifer Signer</i>		Date <u>10/31/94</u>		9302			

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

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,

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

H-723-1

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

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

Environmentally Hazardous  
Substance  
Educating Health Professionals Re:

1 Applicant Agency WI Department of Health & Social Services	2 CFDA # <u>93.200</u>	3 Agency LD. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson Street Madison WI 53701 Contact Person Meg Ziarnik Phone 266-8154	5 Federal Agency to Receive Request CDC-ATSDR	7 Application Due Date Mo/Day/Year 08/22/94
	6 Period of Funding Mo/Day/Year 09/15/94 09/14/95	
8 Agency Project Title Professional Education - ATSDR	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WFE</u> <u>required</u> All	10 Area of Impact Counties/States statewide
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Coop Agreement</u>	
13 Number of Years Previously Funded <u>5</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$85,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PRF	\$ 85,000	.50	perm	.50	perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>15%</u> Base <u>\$39,547</u> Amount <u>\$5,932</u> <input type="checkbox"/> No			
16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard Lorang Signature <u>Richard Lorang</u>	Title if other than Agency Secretary Deputy Secretary Date <u>8-17-94</u>	

<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>			
Reviewing Analyst <u>Aue Johnson</u>	(Phone <u>7-9546</u> )	SAI Number <u>WI 94083-264-N</u>	Date Received <u>8-31-94</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Due <u>9-14-94</u>	
Signature <u>Aue Johnson</u>	Date <u>11/2/94</u>		

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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

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

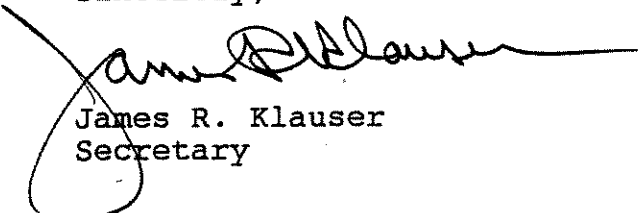
Dear Secretary Whitburn:

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 NOTICE FORM

H-721-1

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

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

Occupational Safety & Health

1 Applicant Agency <b>DEPT. OF HEALTH AND SOCIAL SERVICES</b>		2 CFDA # <u>17-500</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Rm. 112 Madison, WI 53703 Contact Person Terry E. Moen, Chief (608) 266-8579		5 Federal Agency to Receive Request	
8 Agency Project Title <b>HEALTH CONSULTATION (OSHA 1908)</b>		6 Period of Funding Mo/Day/Year <u>10/01/94</u> <u>09/30/95</u>	7 Application Due Date Mo/Day/Year <u>07/26/94</u>
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO required</u> All	
12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Contract</u>		10 Area of Impact Counties/States <u>All Counties Statewide</u>	

13 Number of Years Previously Funded 19 Years

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For \$674,507

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	FEDERAL	PRF	\$ 674,507	0.1	Perm	10.35	Perm
101	STATE	GPR	\$ 73,834			1.15	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print)  
**Richard W. Lorang**  
Signature: *[Signature]*  
Date: 8-17-94  
Title if other than Agency Secretary  
**Deputy Secretary**

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Jablonsky Phone 9-9546 SAI Number WI 94083-270-N1

Recommendation:  Approve  Approve With Conditions  Deny Date Received 8-31-94

Signature S. Jablonsky Date 11/1/94 Date Due 9-14-94

50  
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

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,

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

James R. Klauser  
Secretary

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

4-729-1

Department of Administration  
DOA-7020(R12/92)

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

<b>1</b> Applicant Agency DHSS Division of Health	<b>2</b> CFDA # <u>93.116</u>	<b>3</b> Agency I.D. (Optional)					
<b>4</b> Address (Street/City/State/Zip) 1414 E. Washington Ave. Madison, WI 53703 Contact Person Kenneth Baldwin Phone 608/266-1251	<b>5</b> Federal Agency to Receive Request Centers for Disease Control & Prevention	<b>6</b> Period of Funding Mo/Day/Year <u>2-1-95</u> <u>1-31-96</u>					
<b>8</b> Agency Project Title Tuberculosis Disease Control	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>no WI</u> <u>ED</u> All	<b>7</b> Application Due Date Mo/Day/Year 10/5/94					
<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 <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Other Co-op Agreement	<b>10</b> Area of Impact Counties/States Statewide					
<b>13</b> Number of Years Previously Funded <u>More than 5</u>							
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) 834,251 Total Federal Funds Applied For _____							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PRF	\$ 834,251	NONE		1.5	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>15</u> Base <u>57,870</u> Amount <u>8,680</u> <input type="checkbox"/> No							
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <u>[Signature]</u>		Title if other than Agency Secretary Deputy Secretary Date <u>10-4-94</u>			
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>							
Reviewing Analyst <u>[Signature]</u> Phone <u>9-9546</u>		SAI Number <u>WI 94 1006 388-1</u>		Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>10-6-94</u>	
Signature <u>[Signature]</u>		Date <u>11/21/94</u>		Date Due <u>10-20-94</u>		9316	

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

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

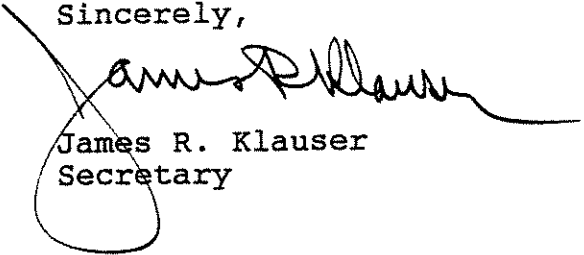
Dear Secretary Whitburn:

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(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 to 12-31-95</i>		7 Application Due Date Mo/Day/Year <i>9-16-94</i>	
8 Agency Project Title <i>Sexually Transmitted Disease Program (Chlamydia Supplement)</i>				9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>NO WI ED</i>		10 Area of Impact Counties/States <i>Statewide</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 type="checkbox"/> Discretionary Other <i>Coop-Agree</i>					
13 Number of Years Previously Funded <i>12</i>							
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	
<i>149</i>	<i>Federal</i>	<i>PR-F</i>	<i>\$ 50,000</i>	<i>0</i>		<i>8.5 FTE</i>	<i>Perm</i>
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <i>N/A</i> Base <i>N/A</i> Amount <i>N/A</i> <input type="checkbox"/> 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 Lorang</i>			Date <i>8-14-94</i>		
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>							
Reviewing Analyst <i>Sue Jablonsky</i> Phone <i>7-9546</i>				SAI Number <i>WI94005-902-N</i>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <i>10-5-94</i> 939M			
Signature <i>S. Jablonsky</i> Date <i>11/2/94</i>				Date Due <i>10-11-94</i> 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

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

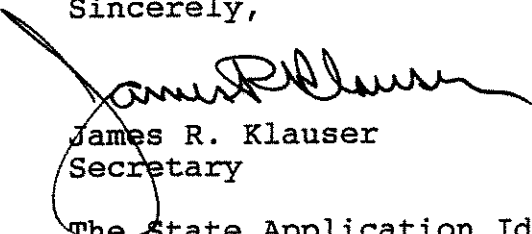
Dear Secretary Thompson:

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.

# 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 Office of Transportation Safety		<b>2</b> CFDA # <u>20 - 600</u>	<b>3</b> Agency I.D. (Optional)				
<b>4</b> Address (Street/City/State/Zip) Hill Farms Transp. Bldg., Room 809 P.O. Box 7910 Madison, WI 53707-7910  Contact Person Martha Florey Phone (608)266-3557		<b>5</b> Federal Agency to Receive Request USDOT/NHTSA and FHWA					
		<b>6</b> Period of Funding Mo/Day/Year <u>10-01-94</u> <u>09-30-95</u>	<b>7</b> Application Due Date Mo/Day/Year <u>08-01-94</u>				
<b>8</b> Agency Project Title <u>State &amp; Community</u> <u>1995 Highway Safety Plan</u>		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified    Dates <u>Needs WI</u> <u>EO</u> <input checked="" type="checkbox"/> All					
<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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____						
<b>13</b> Number of Years Previously Funded <u>1967-present</u>							
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$5,220,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
481	Federal	Seg	\$ 5,220,000	2.0	Proj	11.5	Perm
			\$			4.0	Proj
	State-Match	Seg & in-kind	\$ 1,993,000			6.0	Perm
			\$				
	Local Match	In-kind	\$ 3,657,000			0	
			\$				
<b>15</b> Indirect Cost Reimbursement <input type="checkbox"/> Yes    Rate _____    Base _____    Amount _____ <input checked="" type="checkbox"/> No							
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Charles H. Thompson Signature <u>Charles H. Thompson</u>		Title if other than Agency Secretary  Date <u>9-7-94</u>			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Doug Percy</u> Phone <u>6-1059</u>		SAI Number <u>WI 941005-301</u>		Date Received <u>10-5-94</u>		Date Due <u>10-19-94</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Doug Percy</u> Date <u>11/3/94</u>					

301  
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60



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

November 9, 1994

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

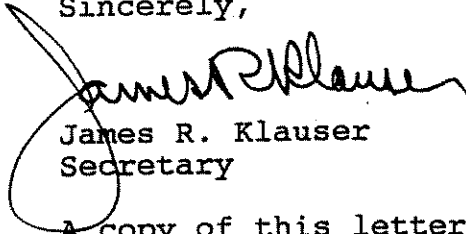
Small Business Development Center  
Multi-Media Pollution Prevention  
Activities, State Application  
Identifier Number WI941031-337-N59000XX

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  
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 7888  
Madison, WI 53707-7888  
Telephone 608/267-2125

<b>1</b> Applicant Agency <u>UWS Board of Regents</u>	<b>2</b> CFDA # <u>59.000</u>	<b>3</b> Agency I.D. (Optional)																																																																												
<b>4</b> Address (Street/City/State/Zip) <u>750 University Avenue</u> <u>Madison, WI 53706</u> Contact Person <u>Robert Erickson</u> Phone <u>2-3822</u>	<b>5</b> Federal Agency to Receive Request <u>Office of SBDCs</u>																																																																													
	<b>6</b> Period of Funding Mo/Day/Year est. <u>11/15/94</u> <u>11/14/95</u>	<b>7</b> Application Due Date Mo/Day/Year <u>10/28/94</u>																																																																												
<b>8</b> Agency Project Title <u>Building Capacity to Promote Multi-Media Pollution Prevention Practices among Small &amp; Med.-sized companies</u>	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>Not in Fed Book no on Fed a State List.</u> 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 <u>State of WI</u>																																																																												
<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>\$ 190,768</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>SBDC 94-004</td> <td>SBA/EPA</td> <td>n/a</td> <td>\$ 190,768</td> <td>.50</td> <td>AS</td> <td>.30</td> <td>AS</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td>.50</td> <td>CS</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td>.66</td> <td>GS</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	SBDC 94-004	SBA/EPA	n/a	\$ 190,768	.50	AS	.30	AS				\$	.50	CS						\$	.66	GS						\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type					Amount	New Positions		Existing Positions																																																																				
			No. (FTE)	Type	No. (FTE)	Type																																																																								
SBDC 94-004	SBA/EPA	n/a	\$ 190,768	.50	AS	.30	AS																																																																							
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			\$																																																																											
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>26%</u> Base <u>\$151,403</u> Amount <u>\$ 39,365</u> <input type="checkbox"/> No																																																																														
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Signature	Title if other than Agency Secretary Date																																																																												
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>																																																																														
Reviewing Analyst <u>Brian Pahnke</u> Phone <u>4-8259</u>		SAI Number <u>WI941031-337-N5</u>																																																																												
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>10-21-94</u>																																																																												
Signature <u>[Signature]</u> Date <u>11/08/94</u>		Date Due <u>11-14-94</u>																																																																												
COMMENTS:																																																																														

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000x

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

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

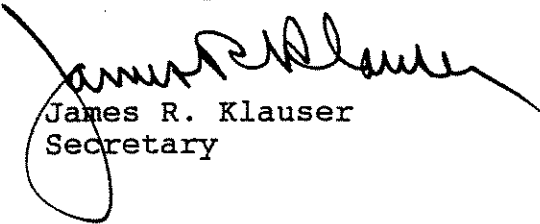
Dear Secretary Whitburn:

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

14-725-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency <b>DEPT. OF HEALTH &amp; SOCIAL SERVICES</b>		2 CFDA # <b>93.991</b>	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) <b>1414 EAST WASHINGTON AVE., ROOM 167 MADISON, WI. 53703-3044</b> Contact Person _____ Phone _____		5 Federal Agency to Receive Request <b>CENTERS FOR DISEASE CONTROL</b>					
		6 Period of Funding Mo/Day/Year <b>10/1/94 9/30/96</b>	7 Application Due Date Mo/Day/Year <b>10/3/94</b>				
8 Agency Project Title <b>PREVENTIVE HEALTH &amp; HEALTH SERVICES (PREVENTION) BLOCK GRANT</b>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <b>No Fed EO required</b>					
10 Area of Impact Counties/States <b>STATEWIDE</b>							
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____						
13 Number of Years Previously Funded <b>FOURTEEN (14)</b>							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <b>\$3,153,678</b>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
190	FEDERAL	PR-F	\$ 1,432,086	NONE		20.05	PERM.
192	FEDERAL	PR-F	\$ 1,721,592				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <b>VARIOUS</b> Base <b>\$793,333</b> Amount <b>\$119,000</b> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <b>RICHARD W. LORANG</b>		Title if other than Agency Secretary <b>DEPUTY SECRETARY</b>			
		Signature <i>Richard Lorang</i>		Date <b>10-5-94</b>			
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>							
Reviewing Analyst <i>Sue Jablonsky</i>		Phone <b>7-9586</b>		SAI Number <b>WI 941018-307-N9</b>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <b>10-18-94</b>		Date Due <b>11-1-94</b>			
Signature <i>S. Jablonsky</i>		Date <b>11/2/94</b>		9917			

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

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

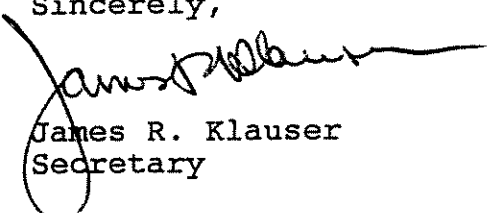
Dear Mr. Bazzell:

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.

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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

Pat 7.

Department of Administration  
Form DA-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

*Air Pollution Control Program*

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.001		3 Agency ID: (Optional) 189	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921		5 Federal Agency to Receive Request ENVIRONMENTAL PROTECTION AGENCY			
Contact Person BRUCE C. RODGER Phone 608/266-1722		6 Period of Funding Mo/Day/Year 10/01/94 09/30/95		7 Application Due Date Mo/Day/Year 10/15/94	

8 Agency Project Title GREAT LAKES ATMOSPHERIC LOADING MONITORING NETWORK		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10 Area of Impact Counties/States	
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:		KENOSHA - <i>SEWRAP</i> MANITOWOC Bay-Lake MILWAUKEE DOUGLAS - <i>NWRAP</i>	
13 Number of Years previously funded: 14 YEARS (1980-94)		Y		AIE 10/4/94	

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

Total Federal Funds Applied For \$48,950.00

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
236	STATE	PRO	\$2,333	NONE		0.22	PERM
801	STATE	GPR	\$ 247				
241	FEDERAL	PR-F	\$44,247				
846	FEDERAL	PR-F	\$4,703				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 23.28% Base \$21,260.00 Amount \$4,950  No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Darrel L. Bazzell	Title if other than Agency Secretary Administrator - OPA
	Signature <i>Darrel L. Bazzell</i>	Date 10/3/94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Doug Perry* Phone *6-1039* SAI Number *WI941102-340-N6600*

Recommendation:  Approve  Approve With Conditions  Deny Date Received *11-2-94*

Signature *Doug Perry* Date *11/7/94* Date Due *11-16-94*

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

November 22, 1994

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

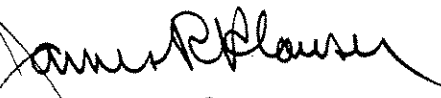
FY95 Administrative Grant for  
Wisconsin National and Community  
Service Board, State Application  
Identifier Number WI941111-363-N94003XX

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 <b>DOA-NCSB</b>		2 CFDA # <u>94.003</u>	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) <b>101 E. Wilson Street Madison, WI 53707</b>		5 Federal Agency to Receive Request <b>CORPORATION FOR NATIONAL SERVICE</b>					
Contact Person <b>Larry Swoboda</b> Phone <b>6-8569</b>		6 Period of Funding Mo/Day/Year <b>11/1/94 TO 10/31/95</b>	7 Application Due Date Mo/Day/Year <b>11/15/94</b>				
8 Agency Project Title <b>FY95 ADMINISTRATIVE GRANT</b>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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		10 Area of Impact Counties/States <b>STATEWIDE</b>					
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		Clearinghouses: Notified _____ Dates _____ All _____					
13 Number of Years Previously Funded <u>1</u>							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>345,186</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
444	FEDERAL	FED	\$ 345,186	2	PROJECT	2.5	PROJECT
101	STATE IN-KIND	GPR	\$ 69,088				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.0%</u> Base <u>\$198,000</u> Amount <u>\$11,880</u> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <b>LARRY SWOBODA</b>		Title if other than Agency Secretary <b>EXECUTIVE DIRECTOR</b>			
		Signature <i>Larry Swoboda</i>		Date <u>11/15/94</u>			
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>							
Reviewing Analyst <u>Mike Heifetz</u>		Phone <u>7-0370</u>		SAI Number <u>10294111-363-N94003XX</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>11/13/94</u>					
Signature <u>Michael Heifetz</u>		Date <u>11-15-94</u>		Date Due <u>11/15/94</u>			



CORRESPONDENCE/MEMORANDUM

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	
	Dollars	Positions	Dollars	Positions
* 324 Army O & M & Training Site	1,401,400	25.000	259,300	4.000
325 Army Environmental	475,000	3.750	12,667	.250
326 Army Security	164,500			
327 Truax Opers & Maint	788,481	13.250	249,227	4.125
328 Truax Security	398,000	16.000	-0-	
329 Truax Fire/Crash	972,600	22.000		
330 Mitchell Opers & Maint	831,557	14.000	261,619	4.375
331 Mitchell Security	326,700	12.000	-0-	
332 Mitchell Fire/Crash	580,900	12.000		
333 Volk Opers & Maint	2,107,329	50.750	13,000	.500
334 Volk Security	454,500	18.000	-0-	
335 Volk Fire/Crash	311,700	8.000		
	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

DEPT OF ADMINISTRATION

OCT 26 1994

DIVISION OF ENERGY AND  
INTERGOVERNMENTAL RELATIONS

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

November 9, 1994

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

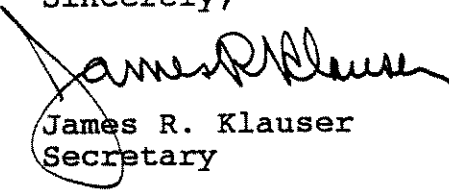
Army Operations and Maintenance  
Agreement FFY95, State Application  
Identifier Number WI941027-324-N00000XX

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.

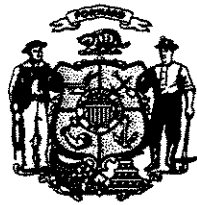
The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

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

---

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,

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

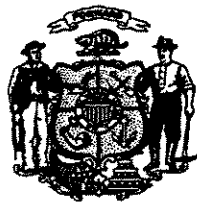
James R. Klauser  
Secretary

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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

November 9, 1994

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

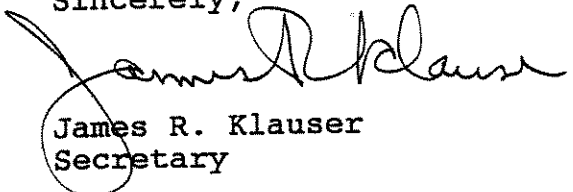
Army Security Agreement FFY95,  
State Application Identifier Number  
WI941027-326-N00000XX

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.

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Secretary

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



Mailing Address:  
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TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

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.

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Secretary

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



Mailing Address:  
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TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

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.

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Sincerely,

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James R. Klauser  
Secretary

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STATE OF WISCONSIN  
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101 East Wilson Street, Madison, Wisconsin



Mailing Address:  
Post Office Box 7864  
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TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

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.

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STATE OF WISCONSIN  
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101 East Wilson Street, Madison, Wisconsin



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

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November 9, 1994

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

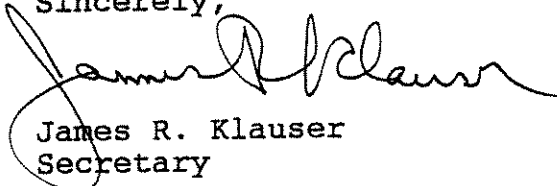
Mitchell Field Operations and  
Maintenance Agreement FFY95, State  
Application Identifier Number  
WI941027-330-N00000YY

Dear Mr. Bendrick:

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



Mailing Address:  
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Madison, WI 53707-7864

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JAMES R. KLAUSER  
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November 9, 1994

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

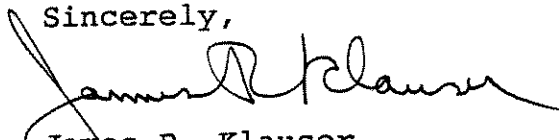
Mitchell Field Security Agreement  
FFY95, State Application Identifier  
Number WI941027-331-N00000YY

Dear Mr. Bendrick:

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101 East Wilson Street, Madison, Wisconsin



Mailing Address:  
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Madison, WI 53707-7864

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JAMES R. KLAUSER  
SECRETARY

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.

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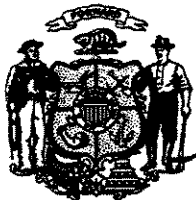
Sincerely,

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James R. Klauser  
Secretary

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STATE OF WISCONSIN  
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101 East Wilson Street, Madison, Wisconsin



Mailing Address:  
Post Office Box 7864  
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GOVERNOR

JAMES R. KLAUSER  
SECRETARY

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.

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James R. Klauser  
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JAMES R. KLAUSER  
SECRETARY

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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:

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James R. Klauser  
Secretary

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STATE OF WISCONSIN  
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101 East Wilson Street, Madison, Wisconsin



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JAMES R. KLAUSER  
SECRETARY

---

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

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