

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

November 18, 1994

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

National School Lunch Program (FY95  
State Administrative Expense Plan),  
State Application Identifier Number  
WI941018-310-N10555XX

Dear Superintendent Benson:

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

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

Sincerely,

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

James R. Klauser  
Secretary

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

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE**

Department of Administration  
DOA-7020(R12/92)

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

*National School Lunch Program*

1 Applicant Agency <b>Wisconsin Department of Public Instruction</b>		2 CFDA # <b>10 • 555</b>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) <b>P.O. Box 7841, Madison, WI 53707</b> Contact Person <b>Richard A. Mortensen Phone (608) 266-3509</b>		5 Federal Agency to Receive Request <b>U.S. Department of Agriculture</b>	
		6 Period of Funding Mo/Day/Year <b>10/01/94</b> <b>9/30/96</b>	7 Application Due Date Mo/Day/Year <b>8/15/94</b>
8 Agency Project Title <b>FY 1995 State Administrative Expense (SAE) Plan</b>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <b>No WI EO</b> <b>Required</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 checked="" type="checkbox"/> Discretionary Other	
13 Number of Years Previously Funded <b>More than 5 years</b>		10 Area of Impact Counties/States <b>Statewide/WI</b>	

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For **\$1,330,353**

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
EQ	Federal	PR-F	\$ 1,330,353			17.51	Perm
DF	State	GPR	\$ 291,843			4.10	Perm
D7	Local	PRO	\$ 226,157			2.90	Perm
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate **6.3%** Base **1,242,571** Amount **\$78,282**  No

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print) <b>John T. Benson</b>	Title if other than Agency Secretary <b>State Superintendent</b>
Signature <i>[Signature]</i>	Date <b>8/12/94</b>

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst **Bob Cramer** Phone **61923** SAI Number **WI941018-310-N10**

Recommendation:  Approve  Approve With Conditions  Deny Date Received **10-18-94** **555**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due **11-1-94** **XX**

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 30, 1994

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

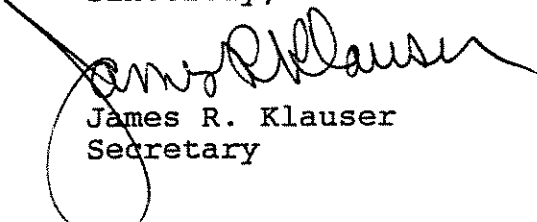
Special Education-Personnel Development  
and Parent Training (Support Network for  
Acquiring Assistive Technology Proficiency),  
State Application Identifier Number  
WI941108-358-N84029XX

Dear Superintendent Benson:

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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

Special Education - Personnel Dev. & Parent Training

<p>1 Applicant Agency Wisconsin Department of Public Instruction</p> <p>4 Address (Street/City/State/Zip) 125 S. Webster Street/P.O. Box 7841 Madison, WI 53707-7841 Contact Person Barb Leadholm Phone (608) 266-1783</p> <p>8 Agency Project Title Support Network for Acquiring Assistive Technology Proficiency (SNAAP)</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 # <u>8 4 . 0 2 9K</u></p> <p>3 Agency I.D. (Optional)</p> <p>5 Federal Agency to Receive Request U.S. Department of Education</p> <p>6 Period of Funding Mo/Day/Year <u>10/1/95</u> to <u>9/30/98</u></p> <p>7 Application Due Date Mo/Day/Year 10/28/94</p> <p>9 Executive Order 12372 Review Required  <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No            Clearinghouses: Notified Dates  <u>No WI EO</u>  <u>Required</u>            All         </p> <p>10 Area of Impact Counties/States Statewide in WI</p>
<p>12 Type of Assistance  <input type="checkbox"/> Grant  <input type="checkbox"/> Formula  <input checked="" type="checkbox"/> Discretionary  <input type="checkbox"/> Other         </p>	

13 Number of Years Previously Funded 0

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

Total Federal Funds Applied For <u>115,000</u>				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
141	Federal	PRF	\$ 115,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 6.4 Base \$108,084 Amount \$6,916  No

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print) John T. Benson	Title if other than Agency Secretary State Superintendent
Signature <i>John T. Benson</i>	Date 10/27/94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Rob Cramer Phone 6-1923 SAI Number WT 94/108-358-1

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

Signature Robert G. Crane Date 11-29-94 Date Due 11-22-94

COMMENTS:

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

November 30, 1994

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

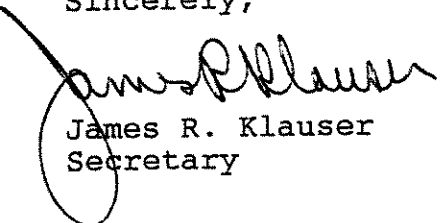
Desegregation Assistance, Civil Rights  
Training and Advisory Services (Desegregation  
of Public Instruction), State Application  
Identifier Number WI941130-370-N84004XX

Dear Superintendent Benson:

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

Training  
Desegregation Assistance, Civil Rights

<b>1</b> Applicant Agency Department of Public Instruction	<b>2</b> CFDA # 84 • 004c	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 125 S. Webster St, P.O. Box 7841 Madison, WI 53707 Contact Person Barbara A. Bitters Phone 608-266-9609	<b>5</b> Federal Agency to Receive Request U.S. Department of Education	
<b>8</b> Agency Project Title Desegregation of Public Instruction	<b>6</b> Period of Funding Mo/Day/Year July 1, 1995 June 30, 1996	<b>7</b> Application Due Date Mo/Day/Year 10/31/94
<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 checked="" type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Other	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ All _____
<b>10</b> Area of Impact Counties/States Statewide		

with

<b>13</b> Number of Years Previously Funded _____							
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>280,085</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
141	Federal	PR-F	\$ <u>280,085</u> <del>263,485</del>			4	permanent
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.3%</u> Base <u>280,085</u> <del>263,485</del> Amount <u>280,085</u> <u>263,485</u> <input type="checkbox"/> No	<b>16</b> Authorizations Authorized Agency Representative (Type or Print) John T. Benson Title if other than Agency Secretary State Superintendent Signature <u>John T. Benson</u> Date <u>10/31/94</u> <input type="checkbox"/> Delegated Review
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**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Bob Crane</u> Phone _____	SAI Number <u>WI 941130-370-N</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>11-30-94</u>	Date Due <u>12-14-94</u>
Signature <u>Bob Crane</u> Date <u>11-29-94</u>		

8400  
XX

COMMENTS:



# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-733-1

Department of Administration  
Form DOA-7020 (R 5-88)  
(Formerly FDA 90)

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

<b>1</b> Applicant Agency Dept. of Health and Social Services		<b>2</b> CFDA # _____	<b>3</b> Agency I.D. (Optional) <i>[Handwritten]</i>
<b>4</b> Address (Street/City/State/Zip) 1 West Wilson St., PO Box 309 Madison WI 53701 Contact Person: Edward Steichen (608) 266-0330 Phone		<b>5</b> Federal Agency to Receive Request Social Security Administration	
<b>8</b> Agency Project Title Social Security Death Record Data Project		<b>6</b> Period of Funding Mo/Day/Year 01-01-95 12-31-97	<b>7</b> Application Due Date Mo/Day/Year 11-19-94
<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>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No CFDA</i>	
<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Fee for Service		<b>10</b> Area of Impact Counties/States Statewide	
<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>24,300</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	FED	PR-F	\$ 24,300	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

<b>16</b> Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature <i>[Handwritten Signature]</i>	Date 11-10-94

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst: *[Handwritten Signature]* Phone \_\_\_\_\_ SAI Number: WI-94121-365-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received: 11-21-94

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date Due: 12-21-94

COMMENTS:

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

December 5, 1994

Raymond G. Boland, Secretary  
Wisconsin Department of Veteran Affairs  
PO Box 7843  
30 W. Mifflin Street, 8th Floor  
Madison, WI 53707-7843

Institute of Museum Services  
(Conservation Assessment Program),  
State Application Identifier Number  
WI941129-369-N45301YY

Dear Secretary Boland:

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

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

Sincerely,

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

James R. Klauser  
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

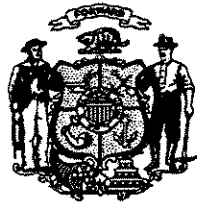
Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

*Institute of Museum Services*

<b>1 Applicant Agency</b> WISCONSIN Dept. of Veterans Affairs		<b>2 CFDA #</b> <u>45.301</u>																																																																																																	
<b>4 Address (Street/City/State/Zip)</b> 30 W Mifflin St. P.O. Box 7843 Madison, WI 53707-7843 Contact Person: <u>Doug Bingenheimer</u> Phone <u>264-6094</u>		<b>5 Federal Agency to Receive Request</b> Nat. Institute for Conservation of Cultural Property																																																																																																	
<b>8 Agency Project Title</b> Conservation Assessment Program		<b>6 Period of Funding, Mo/Day/Year</b> 11/1/95 - 12/1/95	<b>7 Application Due Date, Mo/Day/Year</b> 12/7/94																																																																																																
<b>11 Type of Application</b> <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>9 Executive Order 12372 Review Required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates None No All Required																																																																																																	
<b>12 Type of Assistance</b> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		<b>10 Area of Impact, Counties/States</b> City of Madison																																																																																																	
<b>13 Number of Years Previously Funded</b> <u>0</u>																																																																																																			
<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b> Total Federal Funds Applied For <u>\$ 5,710.00</u> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">Numeric Appropriation</th> <th style="width:15%;">Source</th> <th style="width:15%;">Revenue Type</th> <th style="width:15%;">Amount</th> <th style="width:15%;">New Positions No. (FTE)</th> <th style="width:15%;">Type</th> <th style="width:15%;">Existing Positions No. (FTE)</th> <th style="width:15%;">Type</th> </tr> </thead> <tbody> <tr> <td><u>HQ</u></td> <td><u>Federal</u></td> <td><u>PK-F</u></td> <td><u>\$5,710.00</u></td> <td><u>0</u></td> <td></td> <td><u>0</u></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <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 No. (FTE)	Type	Existing Positions No. (FTE)	Type	<u>HQ</u>	<u>Federal</u>	<u>PK-F</u>	<u>\$5,710.00</u>	<u>0</u>		<u>0</u>					\$								\$								\$								\$								\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																																																												
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<b>15 Indirect Cost Reimbursement</b> <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																																																			
<b>16 Authorizations</b> <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>Raymond G. Boland</u> Signature <u>Raymond G. Boland</u> Title if other than Agency Secretary <u>Secretary</u> Date <u>11/29/94</u>																																																																																																	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																																			
Reviewing Analyst <u>Sam Henning</u> Phone <u>7-0371</u>		SAI Number <u>WI 94/29-319</u>																																																																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>11-29-94</u>																																																																																																	
Signature <u>Samela S. Henning</u> Date <u>11-29-94</u>		Date Due <u>12-7-94</u>																																																																																																	
COMMENTS:																																																																																																			
<input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet																																																																																																			

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301  
44

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

December 5, 1994

Dean Amhaus, Executive Director  
Wisconsin Arts Board  
101 E. Wilson Street, 1st Floor  
Madison, WI 53702

Promotion of the Arts-Arts in  
Education, State Application  
Identifier Number WI941025-321-N45003XX


Dear Mr. Amhaus:

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 of this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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> WI Arts Board		<b>2 CFDA #</b> <u>45-003</u>		<b>3 Agency I.D. (Optional)</b>							
<b>4 Address (Street/City/State/Zip)</b> 101 E. Wilson St. , 1st Floor Madison, WI 53703 Contact Person Chris Manke Phone 266-9737		<b>5 Federal Agency to Receive Request</b> National Endowment for the Arts									
<b>8 Agency Project Title</b> <u>Promotion of the Arts</u> Arts in Education		<b>9 Executive Order 12372 Review Required</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Weeks out</u> <u>EB</u> All		<b>7 Application Due Date</b> Mo/Day/Year 10/20/94							
<b>11 Type of Application</b> <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>12 Type of Assistance</b> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		<b>10 Area of Impact</b> Counties/States statewide							
<b>13 Number of Years Previously Funded</b> <u>25</u>		<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b> Total Federal Funds Applied For <u>\$200,000</u>									
Numeric Appropriation		Source		Revenue Type		Amount		New Positions No. (FTE) Type		Existing Positions No. (FTE) Type	
DF		GPR				\$ 200,000		<u>NONE</u>			
EQ		FED				\$ 200,000					
		OTHER		Local		\$ 466,300					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
<b>15 Indirect Cost Reimbursement</b> <input type="checkbox"/> Yes    Rate _____    Base _____    Amount _____ <input type="checkbox"/> No											
<b>16 Authorizations</b>  <input type="checkbox"/> Delegated Review				Authorized Agency Representative (Type or Print) Dean Amhaus Signature				Title if other than Agency Secretary Executive Director Date 10/19/94			
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>											
Reviewing Analyst <u>Brian Volmer</u> Phone <u>4-8259</u>				SAI Number <u>WT-941025-321-1</u>				Date Received <u>10-25-94</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Due <u>11-8-94</u>				450 x			
Signature <u>Brian Volmer</u>				Date <u>11/4/98</u>							

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

December 14, 1994

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

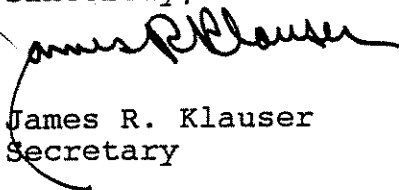
Women's Special Employment Assistance  
(Demonstration Grant to Train and Place  
Women in Non-Traditional Occupations),  
State Application Identifier Number  
WI941212-379-N17700XX

Dear Secretary Skornicka:

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

Department of Administration  
Form DOA-7020 (R 5-88)  
Formerly FDA 501

Assistance

Women's Special Employment

1 Applicant Agency **DILER- Div of Jobs, Employment and Training Service** 2 CFDA # **17-700** 3 Agency I.D. (Optional):

4 Address (Street/City/State/Zip)  
**201 E. Washington Avenue  
Madison, WI 53707**

5 Federal Agency to Receive Request  
**Dept of Labor-Women's Bureau**

6 Period of Funding Mo/Day/Year  
**1/1/95**  
**4/30/96**

7 Application Due Date Mo/Day/Year  
**11/30/94**

8 Agency Project Title  
**Demonstration Grant to train and place women in Non-Traditional Occupations**

9 Executive Order 12372 Review Required  
 Yes  No  
Clearinghouses: Notified Dates  
**no fed**  
**EO required**

10 Area of Impact Counties/States  
**Statewide**

11 Type of Application

New Grant  
 Amendment to Current Grant  
 Continuation-Unchanged  
 Continuation-Modified

12 Type of Assistance

Grant  
 Formula  
 Discretionary  
 Other  
 None

13 Number of Years Previously Funded \_\_\_\_\_

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

Total Federal Funds Applied For <u>\$259,069</u>				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
145	Federal	PR-F	\$ 11,938			.125	Perm
153-Indirect	Federal	PR-F	\$ 62				
152	Federal	PR-F	\$247,069				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate .97 of Sal. Base \$6,427 Amount \$62  No

16 Authorizations

Delegated Review

Authorized Agency Representative (Type or Print)  
**Sue Huss**

Signature *Sue Huss* Date **11/29/94**

Title if other than Agency Secretary  
**Budget Analyst**

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Orlando Carto Phone 266-1103 SAI Number WI 90 12 12 - 309 FNL

Recommendation:  Approve  Approve With Conditions  Deny

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Received 12-23-94 Date Due 12-23-94

COMMENTS:

700X

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

December 15, 1994

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

Wetlands Protection-State Development  
Grants (Wetland Permit Monitoring),  
State Application Identifier Number  
WI941130-372-N66461ZZ

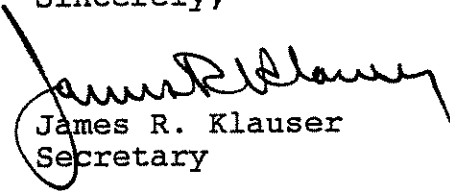
Dear Mr. Bazzell:

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

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

## WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

*Wetlands Protection - State Dev. Grants*

<input checked="" type="checkbox"/> Applicant Agency Department of Natural Resources		<input checked="" type="checkbox"/> Agency I.D. (Optional) DNR Control No. 495	<input checked="" type="checkbox"/> CFDA# 66.461																																				
<input checked="" type="checkbox"/> Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person Byron Dale Simon Phone (608) 267-9868		<input checked="" type="checkbox"/> Federal Agency to Receive Request Environmental Protection Agency																																					
<input checked="" type="checkbox"/> Agency Project Title <i>Wetland Permit Monitoring</i>		<input checked="" type="checkbox"/> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																					
<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:	<input type="checkbox"/> Area of Impact Counties/States All counties in the Northwest District All counties in the North Central District																																					
<input type="checkbox"/> Number of Years previously funded: -0-		Clearinghouses: Notified Dates Northwestern WI RPC: <i>11/14/94</i> North Central WI RPC: West Central WI RPC: All: <i>needs WI EO</i>																																					
<input checked="" type="checkbox"/> Funding, Allotment and Position Data (including Federal indirect costs)  Total Federal Funds Applied For <u>\$256,244</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>02-341-31</td> <td>Federal</td> <td></td> <td>\$214,426</td> <td>-1*-</td> <td>Project 05</td> <td>-1-</td> <td>Project 05</td> </tr> <tr> <td>02-846</td> <td>Fed-Indirect</td> <td></td> <td>\$41,818</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02-301-31</td> <td>State Match</td> <td>GPR In Kind</td> <td>\$64,062</td> <td>-0-</td> <td></td> <td>-3-</td> <td>Permanent</td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	02-341-31	Federal		\$214,426	-1*-	Project 05	-1-	Project 05	02-846	Fed-Indirect		\$41,818					02-301-31	State Match	GPR In Kind	\$64,062	-0-		-3-	Permanent
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				No. (FTE)	Type	No. (FTE)	Type																																
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02-846	Fed-Indirect		\$41,818																																				
02-301-31	State Match	GPR In Kind	\$64,062	-0-		-3-	Permanent																																

\* We are requesting one new Project 05 Position Number since the current Project 05 No. 319363 expires on 12-31-95 and could only be extended through 1-13-96 which would be in the middle of the grant period.

<input checked="" type="checkbox"/> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$224,534</u> Amount <u>\$52,272</u> <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Authorizations  <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Darrel L. Bazzell  Signature <i>Darrel Bazzell</i>	Title if other than Agency Secretary Administrator - OPA  Date <i>11/9/94</i>	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY			
Reviewing Analyst <i>Russ Amussen</i> Phone <i>6-7329</i>	SAI Number <i>WI 941130-372-N66</i>		
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>11-30-94</i> <span style="float: right; font-size: 2em;">461</span>		
Signature <i>Shelley Moore</i> Date <i>12/15/94</i>	Date Due <i>12-14-94</i> <span style="float: right; font-size: 2em;">22</span>		



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

December 15, 1994

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

Historic Preservation Fund Grants-  
In-Aid, State Application Identifier  
Number WI941128-366-N15904XX

Dear Dr. Muller:

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

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

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

Sincerely,

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

James R. Klauser  
Secretary

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

## WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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 State Historical Society of Wisconsin	<b>2</b> CFDA # <u>15.904</u>	<b>3</b> Agency I.D. (Optional)																																																																																				
<b>4</b> Address (Street/City/State/Zip) 816 State St., Madison, WI 53706  Contact Person Kathy Long Phone 264-6492	<b>5</b> Federal Agency to Receive Request Dept. of Interior - National Park Service																																																																																					
	<b>6</b> Period of Funding Mo/Day/Year from <u>10/1/1994</u> to <u>9/30/1996</u>	<b>7</b> Application Due Date Mo/Day/Year 12/20/1994																																																																																				
<b>8</b> Agency Project Title <u>Historic Preservation Fund Grants IN-AID</u>	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates State DOA <u>11/18/94</u> WI Regional Planning Commissions <u>11/18/94</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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States All Counties																																																																																				
<b>13</b> Number of Years Previously Funded _____																																																																																						
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) <p style="text-align: right; margin-right: 50px;"><i>had WI ES</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>MY</td> <td>Federal</td> <td>PR-F</td> <td>\$ 586,729</td> <td>n/a</td> <td></td> <td>6.035</td> <td>Perm</td> </tr> <tr> <td>KQ</td> <td>state</td> <td>GPR</td> <td>\$ 252,000</td> <td>n/a</td> <td></td> <td>6.5</td> <td>Perm</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td>3.0</td> <td>Lte</td> </tr> <tr> <td></td> <td>Subgrantee match</td> <td></td> <td>\$ 140,000</td> <td>n/a</td> <td></td> <td>n/a</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	MY	Federal	PR-F	\$ 586,729	n/a		6.035	Perm	KQ	state	GPR	\$ 252,000	n/a		6.5	Perm				\$			3.0	Lte		Subgrantee match		\$ 140,000	n/a		n/a					\$								\$								\$								\$								\$				
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<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>25.9</u> Base <u>Direct Salaries</u> Amount <u>\$55,000</u> <input type="checkbox"/> No																																																																																						
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) H. Nicholas Muller III  Signature <u>H. Muller III</u>	Title if other than Agency Secretary Director  Date <u>11-15-1994</u>																																																																																				
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																						
Reviewing Analyst <u>Orlando Cantu</u> Phone <u>60-6603</u>	SAI Number <u>WI941128-306-N</u>																																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>11-28-94</u> 1590																																																																																					
Signature <u>[Signature]</u> Date <u>11/30/94</u>	Date Due <u>12-12-94</u> X?																																																																																					
COMMENTS: _____																																																																																						

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

December 16, 1994

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

(Leaking) Underground Storage Tank  
Program, State Application Identifier  
Number WI941128-367-N66805XX

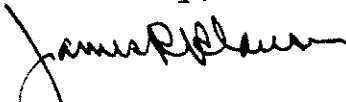
Dear Mr. Bazzell:

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

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

## WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

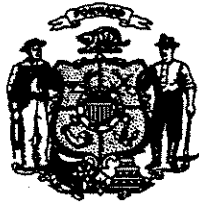
1 Applicant Agency Department of Natural Resources			2 CFDA# 66-805		3 Agency I.D. (Optional) 490																																																																									
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person Thomas Fass Phone 608-267-3532			5 Federal Agency to Receive Request USEPA Region V																																																																											
			6 Period of Funding Mo/Day/Year 1/1/95 12/31/95		7 Application Due Date Mo/Day/Year 12/01/94																																																																									
8 Agency Project Title Leaking Underground Storage Tank <i>Program</i>			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Clearinghouses: Notified Dates <i>Y</i> <i>hicks</i> <i>WT ED</i>		10 Area of Impact Counties/States ALL/WI																																																																									
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:																																																																												
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Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																								
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74-280	FED	PRF	\$1,635,646			37.5	PERM																																																																							
74-275	ENV.FUND	SEG	\$193,150																																																																											
02-341	FED	PRF	\$100,000			2.0	PERM																																																																							
02-846	INDIRECT	PRF	\$364,354																																																																											
02-801	STATE	GPR	\$40,484																																																																											
			\$																																																																											
			\$																																																																											
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>.2328</u> Base <u>\$1,777,989</u> Amount <u>\$413,894</u> <input type="checkbox"/> No																																																																														
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell  Signature <i>Darrell Bazzell</i>			Title if other than Agency Secretary Administrator - OPA  Date <i>11/4/94</i>																																																																									
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																														
Reviewing Analyst <i>Russ Romussen</i> SAI Number		Phone <i>6-7329</i>			<i>WI 94128-367N/66</i>																																																																									
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Russ Romussen</i>		Date <i>12/16/94</i>		Date Received <i>11-28-94</i> Date Due <i>12-1-94</i>																																																																								

805  
XX

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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



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

December 16, 1994

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

Hazardous Substance Response Trust  
Fund (Superfund-Better Brite Remedial  
Investigation/Feasibility Study),  
State Application Identifier Number  
WI941208-378-N66802YY

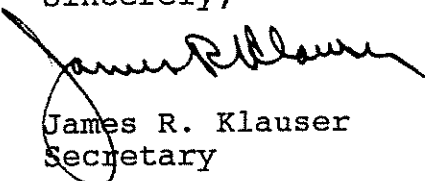
Dear Mr. Bazzell:

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

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE**

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

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

*Trust Fund*  
*Amendments Substance Response*

<b>1</b> Applicant Agency Department of Natural Resources		<b>2</b> Agency I.D. (Optional) CFDA# 66802 488																																																													
<b>4</b> Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person Jane Lamcke Phone 608/267-0554		<b>5</b> Federal Agency to Receive Request U.S. EPA, Region V																																																													
		<b>6</b> Period of Funding Mo/Day/Year 1/1/95 12/31/96	<b>7</b> Application Due Date Mo/Day/Year 11/15/94																																																												
<b>8</b> Agency Project Title Superfund-Better Brts Remedial Investigation/Feasibility Study		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Clearinghouses: Notified      Dates <i>To Contig</i> 10/4/94  AIE <i>Not</i>																																																													
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>10</b> Area of Impact Counties/States Brown County State of Wisconsin																																																													
<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																															
<b>13</b> Number of Years previously funded: 4																																																															
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$143,186</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>74-280</td> <td>FED</td> <td>PRF</td> <td>\$120,480</td> <td></td> <td></td> <td>0.5</td> <td>Project</td> </tr> <tr> <td>02-846</td> <td>Indirect</td> <td>PRF</td> <td>\$22,706</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	74-280	FED	PRF	\$120,480			0.5	Project	02-846	Indirect	PRF	\$22,706																																				
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74-280	FED	PRF	\$120,480			0.5	Project																																																								
02-846	Indirect	PRF	\$22,706																																																												
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes    Rate <u>23.28%</u> Base <u>\$97,535</u> Amount <u>\$22,706</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 <u>10/3/94</u>																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																															
Reviewing Analyst <u>Russ Rasmussen</u> Phone <u>608-7329</u>		SAI Number <u>WI 941208-378-N</u>																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>12-8-94</u>																																																													
Signature <u>Russ Rasmussen</u> Date <u>12/16/94</u>		Date Due <u>12-22-94</u>																																																													

COMMENTS:

*6080*  
*41*

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

December 19, 1994

Mark D. Bugher  
Secretary  
Department of Revenue  
PO Box 8933  
Madison, WI 53708-8933

Motor Fuel Tax Compliance,  
State Application Identifier  
Number WI941212-381-N00000XX

Dear Secretary Bugher:

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

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 <b>REVENUE</b>	<b>2</b> CFDA # _____	<b>3</b> Agency I.D. (Optional)																																																																													
<b>4</b> Address (Street/City/State/Zip) P.O. Box 8933 Madison, WI 53708 Contact Person Diane Hardt Phone 266-6798	<b>5</b> Federal Agency to Receive Request US Dept. of Transportation/Hwy Admin.																																																																														
	<b>6</b> Period of Funding Mo/Day/Year July 1995 June 1996	<b>7</b> Application Due Date Mo/Day/Year																																																																													
<b>8</b> Agency Project Title  Motor Fuel Tax Compliance	<b>9</b> Executive Order 12372 Review Required  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No CFDA#</i> _____ _____ _____ All	<b>10</b> Area of Impact Counties/States Illinois Indiana Michigan Ohio Kentucky Minnesota Missouri Wisconsin																																																																													
<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 <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	<b>13</b> Number of Years Previously Funded <u>3</u>																																																																													
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$50,000</u>																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Numeric Appropriation</th> <th style="width: 15%;">Source</th> <th style="width: 15%;">Revenue Type</th> <th style="width: 15%;">Amount</th> <th style="width: 15%;">New Positions No. (FTE)</th> <th style="width: 15%;">Existing Positions No. (FTE)</th> <th style="width: 15%;">Type</th> </tr> </thead> <tbody> <tr> <td>EQ</td> <td>Federal</td> <td>PR-F</td> <td>\$ 50,000</td> <td style="text-align: center;"><i>None</i></td> <td style="text-align: center;">1</td> <td>Project</td> </tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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 No. (FTE)	Existing Positions No. (FTE)	Type	EQ	Federal	PR-F	\$ 50,000	<i>None</i>	1	Project				\$							\$							\$							\$							\$							\$							\$							\$							\$					
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)	Type																																																																									
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<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) Mark D. Bugner  Signature _____ Date <u>12/2/94</u>	Title if other than Agency Secretary  Date																																																																													
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>																																																																															
Reviewing Analyst <u>Paul Ziegler</u> Phone <u>6-5468</u>	SAI Number <u>WI941212-38</u>	Date Received <u>12-12-94</u>																																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Due <u>12-23-94</u>	Signature _____ Date <u>12/13/94</u>																																																																													

No  
000  
X



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

December 19, 1994

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

Local Rail Freight Assistance  
(Rail Planning Assistance: Production  
of a Rail Geographic Info. System),  
State Application Identifier  
Number WI941130-374-N20308XX

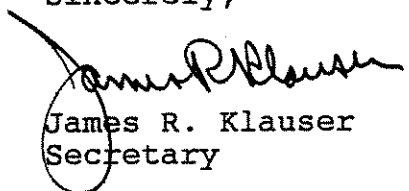
Dear Secretary Thompson:

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

Local Rail Freight Assistance

<p>1 Applicant Agency <b>WISCONSIN DEPT OF TRANSPORTATION</b></p> <p>4 Address (Street/City/State/Zip) P.O. Box 7913 Madison WI 53707-7913</p> <p>Contact Person <b>Randall Wade</b> Phone <b>266-2972</b></p> <p>8 Agency Project Title <b>Rail-Planning Assistance: Production of a Rail Geograhic Info. System</b></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>12 Type of Assistance  <input type="checkbox"/> Grant  <input type="checkbox"/> Formula  <input checked="" type="checkbox"/> Discretionary  <input type="checkbox"/> Other         </p>	<p>2 CFDA # <b>20 . 308</b></p> <p>3 Agency I.D. (Optional)</p> <p>5 Federal Agency to Receive Request <b>Federal Railroad Administration</b></p> <p>6 Period of Funding Mo/Day/Year <b>10/1/94</b> <b>9/30/95</b></p> <p>7 Application Due Date Mo/Day/Year <b>9/30/94</b></p> <p>9 Executive Order 12372 Review Required  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            Clearinghouses: Notified _____ Dates _____            _____            _____ All <b>EF</b> </p> <p>10 Area of Impact Counties/States <b>Statewide (WI)</b></p>
--	---

13 Number of Years Previously Funded **More than 5 years**

14 Funding, Allotment and Position Data (including Federal indirect costs)  
**36,000**

Total Federal Funds Applied For \_\_\_\_\_

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
481	Federal	SEG-F	\$ 36,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <b>Charles H. Thompson</b>	Title if other than Agency Secretary <b>DS</b>
	Signature <i>Charles H. Thompson</i>	Date <b>11-14-94</b>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst **Doug Percy** Phone **6-6039** SAI Number **WI 94/130 374-N20**

Recommendation:  Approve  Approve With Conditions  Deny Date Received **11-30-94**

Signature **Doug Percy** Date **12/5/94** Date Due **12-14-94**

COMMENTS:

308  
XX