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TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

CORRESPONDENCE MEMORANDUM

DATE: May 17, 1995

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

FROM: Jeff Smith, Section Chief
Federal-State Relations Office
Department of Administration

RE: APPLICATIONS FOR FEDERAL ASSISTANCE

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

If you have any questions, please call me at 266-0267 or the State Agency contact indicated on the application.

Attachments

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

CORRESPONDENCE MEMORANDUM

June 28, 1996

TO: ✓ Senator Timothy Weeden, Co-Chair Joint Committee on Finance
Representative Ben Brancel, Co-Chair Joint Committee on Finance
Robert Lang, Director Legislative Fiscal Bureau

FROM: Jeff Smith, Section Chief
Federal-State Relations
Division of Energy & Intergovernmental Relations

RE: APPLICATIONS FOR FEDERAL ASSISTANCE

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

If you have any questions, please call me at 266-0267 or the State Agency contact indicated on the application.

Attachments

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

CORRESPONDENCE MEMORANDUM

October 10, 1996

TO: ✓ Senator Timothy Weeden, Co-Chair Joint Committee on Finance
Representative Ben Brancel, Co-Chair Joint Committee on Finance
Robert Lang, Director Legislative Fiscal Bureau

FROM: Jeff Smith, Section Chief
Federal-State Relations
Division of Energy & Intergovernmental Relations

RE: APPLICATIONS FOR FEDERAL ASSISTANCE

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

If you have any questions, please call me at 266-0267 or the State Agency contact indicated on the application.

Attachments

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

January 3, 1995

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

Institute of Museum Services
(General Operating Support Grant),
State Application Identifier Number
WI941215-390-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

Just a taste of Museum Services

1 Applicant Agency <i>Wisconsin Veterans Museum, W. Dept of Veterans Affairs</i>		2 CFDA # <i>45.301</i>	
3 Agency I.D. (Optional)		4 Address (Street/City/State/Zip) <i>30 W. M. Allen Street. 8th Floor Madison, WI 53707-7843</i> Contact Person <i>Doug Bingenheimer</i> Phone <i>(608) 264 6094</i>	
5 Federal Agency to Receive Request		6 Period of Funding Mo/Day/Year <i>June 1995 - May 1997</i>	
7 Application Due Date Mo/Day/Year <i>Jan 20, 1995</i>		8 Agency Project Title <i>General Operating Support Grant</i>	
9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Yes Fed EO Required</i>		10 Area of Impact Counties/States <i>Dane</i>	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	
13 Number of Years Previously Funded <i>8 of 10</i>		14 Funding, Allotment and Position Data (including Federal indirect costs)	

Total Federal Funds Applied For _____							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<i>HU</i>	<i>Federal</i>	<i>PR-F</i>	<i>\$ 90,000</i>	<i>0</i>	<i>Permanent</i>	<i>0</i>	<i>Permanent</i>
			\$	10,000	LTB		
			\$	<i>10,000</i>	<i>LTE</i>		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) <i>Robert A. Coelett</i>	Title if other than Agency Secretary <i>Deputy Secretary</i>
Signature <i>Robert A. Coelett</i>	Date <i>12/8/94</i>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Pam Henning* Phone *7-0371* SAI Number *WT941215-310-N4*

Recommendation: Approve Approve With Conditions Deny Date Received *12-15-94*

Signature *Pamela J. Henning* Date *12-28-94* Date Due *12-29-94*

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

January 9, 1995

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

Capitalization Grants for State Revolving
Funds (FY95 SRF), State Application
Identifier Number WI941222-391-N66458XX

Dear Mr. Bazzell:

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "James R. Klauser", written over a circular stamp.

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 DCA-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

Revolving Funds
Capitalization Grants for State

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.458		3 Agency I.D. (Optional) 501			
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 Becky Scott Phone 608-267-7584		6 Period of Funding Mo/Day/Year 01/01/95 09/30/96		7 Application Due Date Mo/Day/Year 01/01/95			
8 Agency Project Title FY 95 SRF-Capitalization Grant		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>needs WI</i>		10 Area of Impact Counties/States Statewide			
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input 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:		All: <i>12/15/94</i>			
13 Number of Years previously funded: 6							
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>33,298,848</u>							
				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
73-281-21	Federal	PR-	\$383,779			12.0	Perm
73-497-50	Federal	PR-F	\$741,764			18.5	Perm
846-Indirect	Federal	PR-F	\$206,411				
20.320(1)	(S)State	SEG	\$6,659,770				
20.320(1)	(S)Federal	PR-F	\$31,966,894				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>2328</u> Base <u>886,644</u> Amount <u>206,411</u> <input type="checkbox"/> No							
16 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>12/9/94</i>		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>Russ Rasmussen</i>		Phone <i>6-7329</i>		SAI Number <i>WI 941222-591-Nld</i>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date <i>11/3/95</i>		Date Received <i>12-22-94</i>		<i>458A</i>	
Signature <i>Russell Rasmussen</i>		Date <i>11/3/95</i>		Date Due <i>12-30-94</i>			
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

January 9, 1995

Richard Lorang, Acting Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

State Grants for Technology-Related
Assistance to Individuals with Disabilities
(WisTech-Wisconsin Assistive Technology
Network), State Application Identifier
Number WI950105-002-N84224XX

Dear Acting Secretary Lorang:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R1292)

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

Assistance to Individuals w/ Disabilities
State Grants for Technology-Related

1 Applicant Agency Dept. of Health & Social Services		2 CFDA # <u>84.224A</u>																																																																																					
4 Address (Street/City/State/Zip) 1 West Wilson Street Madison, WI 53703 Contact Person Judith Trampf Phone 267-6720		5 Federal Agency to Receive Request U.S. Dept. of Education																																																																																					
8 Agency Project Title WisTech - Wisconsin Assistive Technology Network		6 Period of Funding Mo/Day/Year <u>5/1/95</u> <u>4/30/2001</u>	7 Application Due Date Mo/Day/Year 1/4/95																																																																																				
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other <u>Five</u>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO WI</u> <u>EO</u> All																																																																																				
13 Number of Years Previously Funded <u>Five</u>		10 Area of Impact Counties/States <u>Statewide</u>																																																																																					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$791,102</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>542</td> <td>Federal</td> <td>PR-F</td> <td>\$ 791,102</td> <td></td> <td></td> <td>1.0</td> <td>Perm</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td>2.0</td> <td>Proj</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	542	Federal	PR-F	\$ 791,102			1.0	Perm				\$			2.0	Proj				\$								\$								\$								\$								\$								\$								\$				
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>4.7%</u> Base <u>98,835</u> Amount <u>\$4,053</u> <input type="checkbox"/> No																																																																																							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Title if other than Agency Secretary Deputy Secretary Signature _____ Date _____																																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																							
Reviewing Analyst <u>Catherine Fossum</u> Phone <u>6-2288</u>		SAI Number <u>WI 950105-005-N84</u>																																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>1-5-95</u>																																																																																					
Signature <u>Catherine H. Fossum</u> Date <u>1/5/95</u>		Date Due <u>1-5-95</u>																																																																																					
COMMENTS:																																																																																							

224
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

January 10, 1995

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

Lake Data Interactive Voice Retrieval
System, State Application Identifier
Number WI941107-342-N00000XX

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,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

1 Applicant Agency Department of Natural Resources			2 CFDA#		3 Agency I.D. (Optional) 491	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Ed Boebel Phone 608/266-9252			5 Federal Agency to Receive Request U.S. Environmental Protection Agency			6 Period of Funding Mo/Day/Year 1-1-95 12-31-96
8 Agency Project Title Lake Data Interactive Voice Retrieval System			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates		7 Application Due Date Mo/Day/Year 1-1-95	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		10 Area of Impact Counties/States Statewide		
13 Number of Years previously funded: 0			All:			
14 Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For <u>\$60,000</u>						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
241	Federal	PR-F	\$60,000			
201	State	GPR	\$60,000	Nov: 0		
			\$			
			\$			
			\$			
			\$			
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No						
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>		Title if other than Agency Secretary Administrator - OPA Date <i>10/27/94</i>		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY						
Reviewing Analyst <i>Russ Rasmussen</i>		Phone <i>6-7329</i>		SAI Number <i>WI 94H107-34-N 0000</i>		
Recommendation: <input checked="" type="checkbox"/> Approve		<input type="checkbox"/> Approve With Conditions		<input type="checkbox"/> Deny		Date Received <i>11-7-94</i>
Signature <i>Russell Rasmussen</i>		Date <i>1/6/95</i>		Date Due <i>11-21-94</i>		
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

January 10, 1995

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

Wisconsin Stakeholder Feedback and
Regulatory Reform Project, State
Application Identifier Number
WI941107-344-N00000XX

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,

A handwritten signature in cursive script, appearing to read 'James R. Klauser', written over a circular stamp or mark.

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#		3 Agency I.D. (Optional) 491																																																																											
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Elizabeth David Phone (608) 266-8299				5 Federal Agency to Receive Request U.S. EPA																																																																													
				6 Period of Funding Mo/Day/Year 1 yr. duration		7 Application Due Date Mo/Day/Year 9/21/94																																																																											
8 Agency Project Title Wis. Stakeholder Feedback & Regulatory Reform Project				9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates		10 Area of Impact Counties/States Statewide																																																																											
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Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																											
				No. (FTE)	Type	No. (FTE)	Type																																																																										
181	Federal	PR-F	\$181,833																																																																														
882	Federal	PR-F	\$13,167																																																																														
201	State (match)	GPR	\$9,325																																																																														
801	State (match)	GPR	\$675																																																																														
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Rate <u>23.28%</u> Base <u>59,458</u> Amount <u>\$13,842</u> <input type="checkbox"/> No																																																																																	
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																	
Reviewing Analyst <i>Russ Rasmussen</i>		Phone <i>608-7329</i>		SAI Number <i>WI 94101-344-N00</i>																																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Russell Rasmussen</i>		Date <i>1/6/95</i>		Date Received <i>11-7-94</i>																																																																											
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COMMENTS:																																																																																	

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

January 11, 1995

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

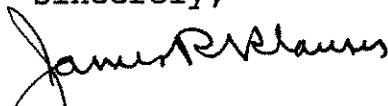
West Central Wisconsin Regional
Biosolids Facility, State Application
Identifier Number WI941107-349-N00000ZZ

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.

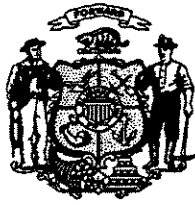
WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

1 Applicant Agency Department of Natural Resources				2 CFDA#		3 Agency I.D. (Optional) 491																																																																							
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8 Agency Project Title West Central Wisconsin Regional Biosolids Facility				9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates		10 Area of Impact Counties/States Pierce Co. <i>MISS</i> St. Croix Co. <i>WCRPC</i>																																																																							
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																																											
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>2328%</u> Base <u>\$97,340</u> Amount <u>\$22,661</u> <input type="checkbox"/> No																																																																													
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>			Title if other than Agency Secretary Administrator - OPA Date <u>10/27/94</u>																																																																								
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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

January 11, 1995

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

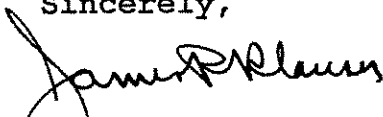
Computer System to Facilitate
Self Help Between Treatment Works,
State Application Identifier Number
WI941107-350-N00000XX

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

1 Applicant Agency Department of Natural Resources		2 CFDA#	3 Agency I.D. (Optional) 491		
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Lois Aide Phone 608/267-7618		5 Federal Agency to Receive Request U.S. Environmental Protection Agency			
8 Agency Project Title Computer System to Facilitate Self Help Between Treatment Works		6 Period of Funding Mo/Day/Year 10-1-94 3-30-96	7 Application Due Date Mo/Day/Year		
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates			
13 Number of Years previously funded: 0		10 Area of Impact Counties/States Statewide			
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$230,000</u>					
Numeric	Source	Revenue Type	Amount	New Positions	Existing Positions
Appropriation				No. (FTE) Type	No. (FTE) Type
241	Federal	PR-F	\$215,460	1.0	PROJ 05
846	Federal	PR-F	\$14,540		
201	State	GPR	\$16,223		
801	State	GPR	\$3,777		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>.2328%</u> Base <u>\$78,683</u> Amount <u>\$18,317</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 10/27/94	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <u>Russ Rasmussen</u> Phone <u>6-7329</u>			SAI Number <u>WI941107-350-N</u>		
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received <u>11-7-94</u>		
Signature <u>Russell Rasmussen</u> Date <u>11/6/95</u>			Date Due <u>11-21-94</u>		
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

January 11, 1995

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

Pollution Prevention Training and
Implementation for the Oneida Tribe
of Oneida, WI, State Application
Identifier Number WI941107-347-N00000ZZ

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,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

1 Applicant Agency Department of Natural Resources			2 CFDA#		3 Agency I.D. (Optional) 491																																																																									
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Russ Dunst Phone (608) 266-9255			5 Federal Agency to Receive Request U.S. EPA		6 Period of Funding Mo/Day/Year 1 yr. duration																																																																									
8 Agency Project Title Pollution Prevention Training & Implementation for the Oneida Tribe of Oneida, WI			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates		10 Area of Impact Counties/States Brown & Outagamie Counties, WI <i>ECRK</i>																																																																									
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STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
101 East Wilson Street, Madison, Wisconsin



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

January 11, 1995

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

Partnerships for a Clean Environment
State Application Identifier Number
WI941107-348-N00000XX

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,

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

James R. Klauser
Secretary

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WISCONSIN FEDERAL GRANT APPLICATION NOTICE

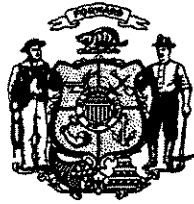
Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 50)

Federal-State Relations Office
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P.O. Box 7868
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Reviewing Analyst: <u>Russ Rasmussen</u> Phone: <u>608-329</u>				SAI Number: <u>WI 941107-348-NO.</u>																																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received: <u>11-7-94</u>																																																																													
Signature: <u>Russ Rasmussen</u> Date: <u>1/6/95</u>				Date Due: <u>11-21-94</u>																																																																													
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

January 11, 1995

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

High Technology Industrial Park
Siting and Planning for the Oneida
Tribe of Oneida, WI, State Application
Identifier Number WI941107-346-N00000ZZ

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,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

1 Applicant Agency Department of Natural Resources			2 CFDA#		3 Agency I.D. (Optional) 491																																																									
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Russ Dunst Phone (608) 266-9255			5 Federal Agency to Receive Request U.S. EPA			6 Period of Funding Mo/Day/Year 1 yr. duration																																																								
8 Agency Project Title High Technology Industrial Park Siting & Planning for the Oneida Tribe of Oneida, WI			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates		7 Application Due Date Mo/Day/Year 9/21/94																																																									
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		10 Area of Impact Counties/States Brown & Outagamie Counties, WI <i>ERK</i>																																																										
13 Number of Years previously funded: 0			All:																																																											
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Total Federal Funds Applied For <u>\$50,000</u>																																																														
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>2328</u> Base <u>20 279</u> Amount <u>4 721</u> <input type="checkbox"/> No																																																														
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>			Title if other than Agency Secretary Administrator - OPA Date <u>10/27/94</u>																																																									
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																														
Reviewing Analyst: <u>Russ Rasmussen</u> Phone <u>608-7329</u> SAI Number <u>WI 941607-346-N</u> Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date Received <u>11-7-94</u> Signature: <i>Russ Rasmussen</i> Date <u>1/6/95</u> Date Due <u>11-21-94</u>																																																														
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

January 11, 1995

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

Spills Management and Control,
State Application Identifier
Number WI941107-345-N00000XX

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,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

1 Applicant Agency Department of Natural Resources			2 CFDA#		3 Agency I.D. (Optional) 491		
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Dave Woodbury Phone 608/266-2598			5 Federal Agency to Receive Request U.S. EPA				
			6 Period of Funding Mo/Day/Year 1 year duration		7 Application Due Date Mo/Day/Year 9/21/94		
8 Agency Project Title Spills Management & Control			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates		10 Area of Impact Counties/States statewide		
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:					
13 Number of Years previously funded: 0			All:				
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$47,600</u>							
Numeric			New Positions		Existing Positions		
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
341	Federal	PR-F	\$41,076	0.75	Proj. 05		
846	Federal	PR-F	\$6,524				
361	State (match)	GPR	\$13,686				
882	State (match)	GPR	\$2,181				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$37,469</u> Amount <u>\$8,723</u> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell			Title if other than Agency Secretary Administrator - OPA		
		Signature <i>Darrell Bazzell</i>			Date 10/27/94		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst: <u>Russ Rasmlussen</u> Phone <u>6-7329</u>				SAI Number <u>WI94107-315-NOC</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <u>11-7-94</u>			
Signature <u>Russ Rasmlussen</u> Date <u>1/6/95</u>				Date Due <u>11-21-94</u>			

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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

January 11, 1995

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

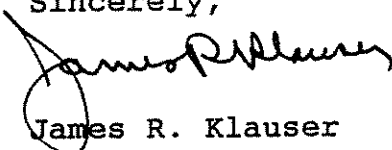
Agro-Based Water Filter,
State Application Identifier
Number WI941107-351-N00000XX

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

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Federal-State Relations Office
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P.O. Box 7868
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Telephone (608) 267-2125

1 Applicant Agency Department of Natural Resources		2 CFDA#		3 Agency I.D. (Optional) 491																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Lois Aide Phone 608/267-7618		5 Federal Agency to Receive Request U.S. Environmental Protection Agency		6 Period of Funding Mo/Day/Year 10-1-94 9-30-96																																																																					
7 Application Due Date Mo/Day/Year 10-7-94		8 Agency Project Title Agro-Based Water Filter		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates																																																																					
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>2328%</u> Base <u>\$92,066</u> Amount <u>\$21,432</u> <input type="checkbox"/> No																																																																									
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Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>11-7-94</u>		Date Due <u>11-21-94</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

January 11, 1995

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

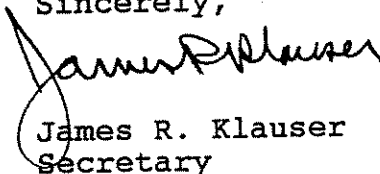
Toxic Reduction Plan Development
SE WI Pilot Program, State Application
Identifier Number WI941107-356-N00000ZZ

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

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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

<input type="checkbox"/> 1 Applicant Agency Department of Natural Resources			<input type="checkbox"/> 2 CFDA#		<input type="checkbox"/> 3 Agency I.D. (Optional) 491																																																																					
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<input type="checkbox"/> 8 Agency Project Title Toxic Reduction Plan Development SE WI Pilot Program			<input type="checkbox"/> 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates		<input type="checkbox"/> 10 Area of Impact Counties/States Milw. MSD <i>SEWICK</i> Sheboygan <i>Bay Lake</i> Manitowoc																																																																					
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<input type="checkbox"/> 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>2328%</u> Base <u>\$129,786</u> Amount <u>\$30,214</u> <input type="checkbox"/> No																																																																										
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Reviewing Analyst <u>Russ Rasmussen</u> Phone <u>6-17329</u>				SAI Number <u>WI94/07-356-NOE</u>																																																																						
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <u>11-7-94</u>																																																																						
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22

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

TOMMY G. THOMPSON
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Mailing Address:
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Madison, WI 53707-7864

January 11, 1995

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

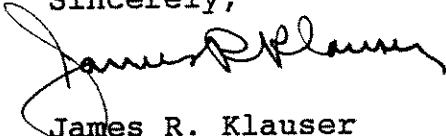
Great Printers Project, State
Application Identifier Number
WI941110-362-N00000XX

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

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Madison, WI 53707-7868
Telephone (608) 267-2125

1 Applicant Agency Department of Natural Resources		2 CFDA#	3 Agency I.D. (Optional) 491																																																
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Tom Eggert Phone (608) 267-9700		5 Federal Agency to Receive Request U.S. EPA																																																	
8 Agency Project Title Great Printers Project		6 Period of Funding Mo/Day/Year One year from approval	7 Application Due Date Mo/Day/Year																																																
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		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No CFDA#																																																	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		10 Area of Impact Counties/States Wisconsin (statewide), Minnesota, Michigan, Illinois																																																	
13 Number of Years previously funded: 0		All:																																																	
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																			
Total Federal Funds Applied For <u>\$208,500</u>																																																			
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Numeric Appropriation</th> <th style="width: 15%;">Source</th> <th style="width: 15%;">Revenue Type</th> <th style="width: 15%;">Amount</th> <th style="width: 15%;">New Positions No. (FTE)</th> <th style="width: 15%;">Type</th> <th style="width: 15%;">Existing Positions No. (FTE)</th> <th style="width: 15%;">Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$192,289</td> <td>1.5</td> <td>Proj. 05</td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$16,211</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$28,112</td> <td></td> <td></td> <td>.5</td> <td>Perm.</td> </tr> <tr> <td>801</td> <td>State</td> <td>Indirect</td> <td>\$5,184</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Industry or</td> <td>private</td> <td>contributions</td> <td>\$33,370</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	241	Federal	PR-F	\$192,289	1.5	Proj. 05			846	Federal	PR-F	\$16,211					201	State	GPR	\$28,112			.5	Perm.	801	State	Indirect	\$5,184					Industry or	private	contributions	\$33,370				
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Industry or	private	contributions	\$33,370																																																
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>91,901</u> Amount <u>21,395</u> <input type="checkbox"/> No																																																			
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i> Title if other than Agency Secretary Administrator - OPA Date <u>11/3/94</u>																																																	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																			
Reviewing Analyst <u>Russ Rasmussen</u> Phone <u>608-7329</u>		SAI Number <u>WI941110-365-N00</u>																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>11-10-94</u>																																																	
Signature <u>Russell Rasmussen</u> Date <u>1/6/95</u>		Date Due <u>11-24-94</u>																																																	
COMMENTS:																																																			

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TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

January 12, 1995

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

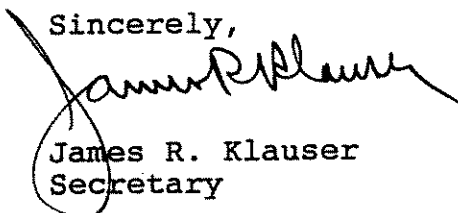
Using GIS Technologies in Wastewater
and Sludge Landspreading Programs,
State Application Identifier Number
WI941107-352-N00000XX

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

1 Applicant Agency Department of Natural Resources			2 CFDA#		3 Agency I.D. (Optional) 491																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Lois Aide Phone 608/267-7618			5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																							
8 Agency Project Title Using GIS Technologies in Wastewater and Sludge Landspreading Programs			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates		7 Application Due Date Mo/Day/Year 10-1-94 9-30-96 10 Area of Impact Counties/States Statewide																																																																					
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		13 Number of Years previously funded: 0		All																																																																				
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>2328%</u> Base <u>\$220,638</u> Amount <u>\$51,365</u> <input type="checkbox"/> No																																																																										
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell		Title if other than Agency Secretary Administrator - OPA																																																																						
Signature <i>Darrell Bazzell</i>		Date 10/27/94		Date 10/27/94																																																																						
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																										
Reviewing Analyst <u>Russ Rasmussen</u> Phone <u>6-7329</u>		SAI Number <u>WI 94/07-352-N</u>																																																																								
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>11-7-94</u>		Date Due <u>11-21-94</u>																																																																						
Signature <u>Russell Rasmussen</u>		Date <u>1/6/95</u>		Date Due <u>11-21-94</u>																																																																						
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

January 20, 1995

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

Program Development Assistance and
Training for Wisconsin National and
Community Service Board, State
Application Identifier Number
WI950118-005-N00000XX

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,

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

1 Applicant Agency WI Nat'l & Community Service Board		2 CFDA # <u>00 . 000</u>	3 Agency I.D. (Optional)																																																																																				
4 Address (Street/City/State/Zip) 101 E. Wilson, 6th Floor Madison, WI 53708 Contact Person Lary Swoboda Phone 6-8569		5 Federal Agency to Receive Request Corporation for National Service																																																																																					
8 Agency Project Title 1995 PDAT Grant		6 Period of Funding Mo/Day/Year 1/1/95 to 9/30/95	7 Application Due Date Mo/Day/Year 1/13/95																																																																																				
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		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ All																																																																																					
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13 Number of Years Previously Funded 0		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$86,660																																																																																					
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																							
Reviewing Analyst <u>M. Heitz</u> Phone <u>7-0370</u>		SAI Number <u>WI950118-005</u>																																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>1/18/95</u>																																																																																					
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STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
1 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

January 24, 1995

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

Public Transportation for Nonurbanized
Areas, State Application Identifier
Number WI941212-384-N20509XX

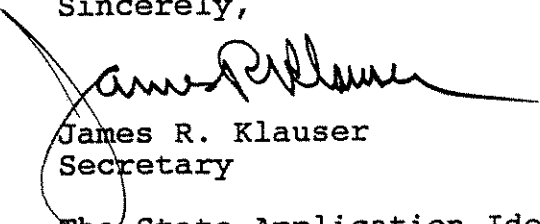
Dear Secretary Thompson:

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

1 Applicant Agency Department of Transportation		2 CFDA # <u>20 • 509</u>	3 Agency I.D. (Optional)																																																																																
4 Address (Street/City/State/Zip) 4802 Sheboygan Ave., P.O. Box 7914 Madison, WI 53707-7914 Contact Person Donald Chatfield Phone (608) 266-3973		5 Federal Agency to Receive Request Federal Transit Administration																																																																																	
		6 Period of Funding Mo/Day/Year <u>01/01/95</u>	7 Application Due Date Mo/Day/Year <u>12/31/95</u>																																																																																
8 Agency Project Title Public Transportation For Nonurbanized Areas		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Applicable</u> <u>Various</u> <u>needs WI</u> <u>All</u> <u>EO</u>																																																																																	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/State Statewide																																																																																	
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16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) John H. Evans Signature <u>John Evans</u> Title if other than Agency Secretary Division Administrator Date <u>11/28/94</u>																																																																																	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																			
Reviewing Analyst <u>Doug Percy</u> Phone <u>6-1639</u>		SAI Number <u>WI 941212-384-N</u>																																																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>12-12-94</u>																																																																																	
Signature <u>Doug Percy</u> Date <u>12/19/94</u>		Date Due <u>12-23-94</u>																																																																																	
COMMENTS:																																																																																			
<input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet																																																																																			

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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

a/a - Saindon

January 27, 1995

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

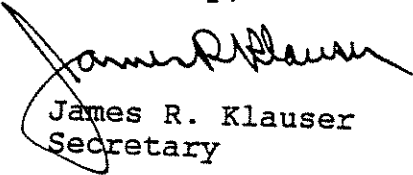
NICE3 (Ink Jet Supply and Printer
Solvent Recovery), State Application
Identifier Number WI950125-008-N81105ZZ

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 *Economics*

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

Through Energy Environment & National Industrial Competitiveness

1 Applicant Agency Wisconsin Department of Administration		2 CFDA # <u>81-105</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 101 E. Wilson Street, 6th Floor Madison, WI 53707-7868 Contact Person Jolene Anderson Phone 266-7375		5 Federal Agency to Receive Request U.S. Department of Energy <i>Ltr.</i>	
8 Agency Project Title NICE ³ Ink Jet Supply and Printer Solvent Recovery		6 Period of Funding Mo/Day/Year <u>7/1/95</u> <u>6/30/98</u>	7 Application Due Date Mo/Day/Year <u>1/31/95</u> <i>closed</i>
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>None</i> All <i>EO</i>	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States <u>Washington</u> <i>SEWRPC</i> <u>Waukesha</u> <u>Dodge</u>	

13 Number of Years Previously Funded 0

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$425,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
142	Federal	PR-F	\$ 425,000	50% of 1	LTE	5% of 1	Perm
	Other Match		\$3,600,000			15% of 1	Perm
142	Indirect	PR-F	\$ 30,716	} 3,896,396			
	Other Direct		\$ 265,680				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 6% Base _____ Amount \$1,196 No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print)
Nathaniel E. Robinson
Signature *N. Robinson* Date 01/26/95
Title if other than Agency Secretary Administrator

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Mike Heifetz Phone 7-0370 SAI Number WT950125-00P-N8110522

Recommendation: Approve Approve With Conditions Deny
Signature *Michael Heifetz* Date 1-26-95 Date Received 1-25-95
Date Due 1-30-95

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

January 27, 1995

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

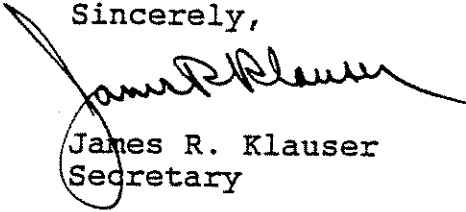
NICE3 (Advanced Intelligent Charger for
Recharging Lead Acid Batteries), State
Application Identifier Number
WI950125-007-N81105YY

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 Wisconsin Department of Administration		2 CFDA # <u>81.105</u>	3 Agency I.D. (Optional)					
4 Address (Street/City/State/Zip) 101 E. Wilson Street, 6th Floor Madison, WI 53707-7868 Contact Person Jolene Anderson Phone 266-7375		5 Federal Agency to Receive Request U.S. Department of Energy Ltr.						
8 Agency Project Title <i>NICE 3</i> Advanced Intelligent Charger for Recharging Lead Acid Batteries		6 Period of Funding Mo/Day/Year <u>7/1/95</u> <u>12/31/96</u>	7 Application Due Date Mo/Day/Year <u>1/31/95</u> Logged					
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		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>25 Fed</i> <i>EU</i> All						
12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States <u>Outagamie</u>						
13 Number of Years Previously Funded <u>0</u>								
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$154,000</u>								
	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
	<u>142</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$154,000</u>	<u>23% of 1</u>	<u>LTE</u>	<u>15% of 1</u>	<u>Perm</u>
		<u>Non-Fed Match</u>		<u>\$140,000</u>				
	<u>142</u>	<u>Indirect</u>	<u>PR-F</u>	<u>\$ 9,682</u>	} <u>\$158,682</u>			
		<u>Other Indirect</u>		<u>\$ 9,000</u>				
				<u>\$</u>				
				<u>\$</u>				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6%</u> Base _____ Amount <u>\$682</u> <input type="checkbox"/> No								
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>Nathaniel E. Robinson</u> Signature _____			Title if other than Agency Secretary <u>Administrator</u> Date <u>01/26/95</u>			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY								
Reviewing Analyst <u>Mike Heiferz</u>		Phone <u>7-0370</u>		SAI Number <u>WI950125-007-N81105</u>				
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>1-25-95</u>		Date Due <u>1-30-95</u>				
Signature <u>Michael Heiferz</u>		Date <u>1-26-95</u>						

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Canto - FWT
Your copy

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 Industry, Labor and Human Relations		2 CFDA # <u>30.002</u>		3 Agency I.D. (Optional) VAR 11-95																																																																																									
4 Address (Street/City/State/Zip) P.O. Box 7946 Madison, WI 53707 Contact Person Mary Jo Domenichetti Phone 266-6962		5 Federal Agency to Receive Request Equal Employment Opportunity Commission		6 Period of Funding Mo/Day/Year <u>10/01/94</u> <u>09/30/95</u>																																																																																									
8 Agency Project Title EEOC Complaints & Training		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EO</i>		10 Area of Impact Counties/States Statewide																																																																																									
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other Performance		13 Number of Years Previously Funded more than 5 years																																																																																									
14 Funding, Allotment and Position Data (including Federal indirect costs) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="4">Total Federal Funds Applied For \$959,700</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>Numeric Appropriation</th> <th>Source</th> <th>Revenue Type</th> <th>Amount</th> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><u>EQ (141)</u></td> <td><u>Federal</u></td> <td><u>PRF</u></td> <td><u>\$959,700</u></td> <td><u>0.00</u></td> <td><u>--</u></td> <td><u>9.00</u></td> <td><u>Perm.</u></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>						Total Federal Funds Applied For \$959,700				New Positions		Existing Positions		Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type	<u>EQ (141)</u>	<u>Federal</u>	<u>PRF</u>	<u>\$959,700</u>	<u>0.00</u>	<u>--</u>	<u>9.00</u>	<u>Perm.</u>				\$								\$								\$								\$								\$								\$								\$								\$				
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>.97%</u> Base <u>Direct Sal.</u> Amount <u>INA</u> <input type="checkbox"/> No																																																																																													
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Mary Jo Domenichetti Signature <i>Mary Jo Domenichetti</i>		Title if other than Agency Secretary Budget & Management Analyst Date <u>1/4/95</u>																																																																																									
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																													
Reviewing Analyst <i>Orlando Canto</i> Phone <u>6-1103</u>		SAI Number <u>WI950110-003-N</u>		Date Received <u>1-10-95</u>																																																																																									
Recommendation <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>[Signature]</i> Date <u>1/10/95</u>		Date Due <u>Feb</u>																																																																																									
COMMENTS:																																																																																													

3000
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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

Ltr.
To Roman
2/13.
Ltr.

February 8, 1995

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

1995-96 Wisconsin Coastal Zone
Management Program, State Application
Identifier Number WI950203-011-N11419ZZ


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.

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

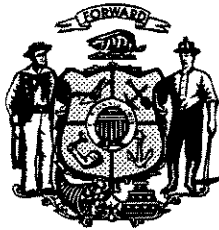
Department of Administration
DOA-7020(R12/S2)

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 Administration/DEIR/Coastal Mgt Program		2 CFDA # <u>11-419</u>	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) 101 E. Wilson St., 6th Floor P.O. Box 7868, Madison, WI 53707-7868 Contact Person Oscar Herrera Phone 267-7988		5 Federal Agency to Receive Request Office of Ocean & Coastal Resource Mgt.					
8 Agency Project Title WI Coastal Zone Management Program 1995-96 Grant Application		6 Period of Funding Mo/Day/Year <u>10/1/95</u> <u>9/30/96</u>	7 Application Due Date Mo/Day/Year 2/95				
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates NW RPC _____ (NEEDS) BL RPC _____ WI SEW RPC _____ E.O. _____ All					
12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Lake Superior Lake Michigan Coastal Counties					
13 Number of Years Previously Funded <u>17</u>							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$ 1,331,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
146	Federal	PR-F	\$1,317,018	_____	_____	5.2	Perm
146	Indirect	PR-F	\$ 13,982	_____	_____	.25	Perm
101	State	GPR	\$ 88,478	_____	_____	_____	_____
101	Indirect	GPR	\$ 1,109	_____	_____	_____	_____
Local	Match	_____	\$ 470,706	_____	_____	_____	_____
Other	Match	_____	\$ 429,707	(DNR)	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____	_____
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6%</u> Base <u>\$251,514</u> Amount <u>\$15,091</u> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Nathaniel E. Robinson Signature _____		Title if other than Agency Secretary Administrator Date <u>02/06/95</u>			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Mike Heifetz</u> Phone <u>267-0370</u>		SAI Number <u>WI950203-011-N11419ZZ</u>		Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>2/3/95</u>	
Signature <u>Michael Heifetz</u>		Date <u>2-8-95</u>		Date Due _____			

L
Logge

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

February 15, 1995

Lee Martinson, Administrator
Division of Housing
Department of Administration
101 E. Wilson Street, 4th Floor
Madison, WI 53702

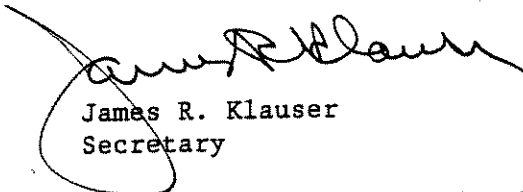
Consolidated Plan, State Application
Identifier Number WI950213-018-N00000XX

Dear Mr. Martinson:

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

1 Applicant Agency State of WI -- DOA/DOD		2 CFDA # <u>0 0 . 000</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. Box 8944 Madison, WI 53708-8944 Contact Person Lee Martinson Phone 267-4889		5 Federal Agency to Receive Request Dept. of Housing and Urban Development	
		6 Period of Funding Mo/Day/Year <u>4/1/95</u> <u>3/31/2000</u>	7 Application Due Date Mo/Day/Year <u>2/15/95</u>
8 Agency Project Title Consolidated Plan		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates	
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>Vary</u>		10 Area of Impact Counties/Stages Statewide	
14 Funding, Allotment and Position Data (including Federal indirect costs)			
Total Federal Funds Applied For <u>\$50,711,000</u>			
Numeric Appropriation	Source	Revenue Type	Amount
		New Positions Type	Existing Positions Type
		No. (FTE)	No. (FTE)
(Will provide specific information once HUD notifies states as to the procedure for getting a CFDA # and related paperwork requirements under the four formula programs: Community Development Block Grant; Emergency Shelter Grant (has a waiver); HOME Investment Partnerships; and Housing Opportunities for Persons With AIDS.) Program year does not start until <u>April 1, 1995</u> .			
15 Indirect Cost Reimbursement (See #14 -- will provide detailed information.) <input checked="" type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No			
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Lee Martinson, Administrator, Division of Housing Signature  Title if other than Agency Secretary Date Feb. 13, 1995	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY			
Reviewing Analyst: <u>Mike Hertz</u> Phone <u>9-0370</u>		SAI Number <u>WI950213-018-N000</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>2-13-95</u> <u>00XX</u>	
Signature <u>Michael Hertz</u> Date <u>2-14-95</u>		Date Due <u>2-15-95</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

February 16, 1995

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

Marketing Residential Water Heater
Conversions, State Application
Identifier Number WI950215-020-N00000ZZ

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,

A handwritten signature in black ink, appearing to read "James R. Klauser", written over a large, stylized flourish.

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 Wisconsin Department of Administration	2 CFDA # _____	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 101 E. Wilson Street, 6th Floor Madison, WI 53707-7868 Contact Person Jolene Anderson Phone 266-7375	5 Federal Agency to Receive Request US Environmental Protection Agency	
8 Agency Project Title Marketing Residential Water Heater Conversions	6 Period of Funding Mo/Day/Year 5/1/95 4/30/97	7 Application Due Date Mo/Day/Year 2/24/95
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ All
10 Area of Impact Counties/States Crawford Dane Milwaukee Outagamie Lincoln United Indian		

13 Number of Years Previously Funded _____							
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$125,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
142	Federal	PR-F	\$ 125,000				
143	PVE	PR-OfIOv	\$ 25,000	X	LTE (5)		
<i>OTHER AGENCIES AND PRIVATE</i>							
143	Other	In-kind	\$ 7,000				
	Indirect	PR-Oil Ov	\$ 1,008				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement			
<input checked="" type="checkbox"/> Yes Rate <u>6%</u>		Base <u>\$16,793</u> Amount <u>\$1008</u>	
		<input type="checkbox"/> No	
16 Authorizations		Authorized Agency Representative (Type or Print)	Title if other than Agency Secretary
<input type="checkbox"/> Delegated Review		Nathaniel E. Robinson	Administrator
		Signature <i>N. Robinson</i>	Date <u>02/16/95</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Mike Heifetz</u>	Phone <u>7-0370</u>	SAI Number <u>WI950215-020-N00000ZZ</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>2/15/95</u>	Date Due <u>2/21/95</u>
Signature <i>Mike Heifetz</i>	Date <u>2-21-95</u>	

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

February 20, 1995

Richard W. Lorang, Acting Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

Drug Control and System Improvement-
Discretionary Grant (Correctional
Options Grant Program), State Application
Identifier Number WI940810-243-N16580XX

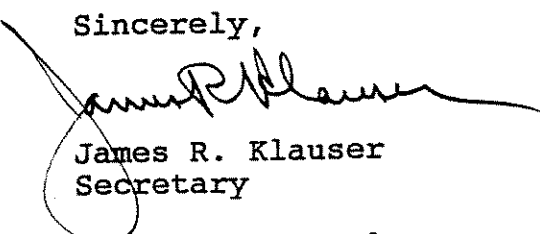
Dear Acting Secretary Lorang:

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
DOA-7230(R12/92)

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

Discretionary Grant
Drug Control + System Improved

1 Applicant Agency WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES		2 CFDA # 16 • 580	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 WEST WILSON MADISON WI 53707		5 Federal Agency to Receive Request U.S. DEPT OF JUSTICE/BUREAU OF JUSTICE ASSISTANCE	
Contact Person SHELLEY HAGAN, DYS OREN HAMMES, DCS Phone 608/266-5820 608/266-3145		6 Period of Funding Mo/Day/Year 10/01/94 06/30/95	7 Application Due Date Mo/Day/Year 08/02/94
8 Agency Project Title CORRECTIONAL OPTIONS GRANT PROGRAM		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>needs wt</i> All <i>EF</i>	10 Area of Impact Counties/States STATEWIDE
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		
13 Number of Years Previously Funded 0			

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For \$50,000							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
341	Federal	PR-F	\$ 50,000	-0-		-0-	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate _____ Base _____ Amount _____ 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 07/29/94

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Deborah Jassum</i>	Phone 608/22288	SAI Number WI 940810-213-N
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received 8-10-94	16580
Signature <i>S. Laskonen</i>	Date 8/22/94	Date Due 8-24-94