

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

D
②

April 17, 1995

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

Institutional Energy Conservation
Program (Program Assistance and
Marketing), State Application Identifier
Number WI950417-089-N81052XX

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 that reads "James R. Klauser".

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

PF

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

Department of Administration
DOA-7020(R12/92)

1 Applicant Agency Wisconsin Department of Administration	2 CFDA # <u>81.052</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 101 East Wilson Street, 6th Floor Madison, WI 53707-7868 Contact Person _____ Phone _____	5 Federal Agency to Receive Request	
8 Agency Project Title <i>Endors</i> Institutional Conservation Program Program Assistance and Marketing	6 Period of Funding Mo/Day/Year <u>7/1/95</u> <u>6/30/96</u>	7 Application Due Date Mo/Day/Year <u>5/1/95</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 <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Formula <input 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 State of <u>Wisconsin</u>		

HR
25920

13 Number of Years Previously Funded _____						
14 Funding, Allotment and Position Data (including Federal indirect costs) \$165,000						
Total Federal Funds Applied For _____				New Positions		Existing Positions
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	(See Attached)
142	Federal	PR-F	\$ 165,000			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

15 Indirect Cost Reimbursement Yes Rate 6% Base _____ Amount \$3,341 No

16 Authorizations Delegated Review

Authorized Agency Representative (Type or Print) <u>Nathaniel E. Robinson</u> Signature _____	Title if other than Agency Secretary <u>Administrator, Division of Energy</u> Date & Intergovernmental Relations _____ <u>04/17/95</u>
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Mike Herzog Phone 7-0370 SAI Number WI950417-089-8
 Recommendation: Approve Approve With Conditions Deny Date Received 4-17-95
 Signature Michael Herzog Date 4-26-95 Date Due 5-1-95

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

April 19, 1995

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

State Energy Conservation Program,
State Application Identifier
Number WI950419-090-N81041XX

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 that reads "James R. Klauser".

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

PF

1 Applicant Agency Wisconsin Department of Administration	2 CFDA # <u>81-041</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 101 East Wilson Street, Box 7368 Madison, WI 53707-7868 Contact Person _____ Phone _____	5 Federal Agency to Receive Request	
	6 Period of Funding Mo/Day/Year <u>7/1/95</u> <u>6/30/96</u>	7 Application Due Date Mo/Day/Year <u>5/1/95</u>
8 Agency Project Title State Energy Conservation Program	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ <u>WI EO</u> _____ _____ _____ All	
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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States State of _____ <u>Wisconsin</u>
13 Number of Years Previously Funded _____		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$456,700</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
ER7200	FEDERAL	PR-F	\$ 456,700			(See Attached)	
DF7200	STATE	GPR	\$ 91,340				
ES7200	PVE	PR-Oil Cvtg	\$ 155,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 6% Base _____ Amount \$21,392 No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Nathaniel E. Robinson Signature <i>N. Robinson</i>	Title if other than Agency Secretary Administrator, Division of Energy & Intergovernmental Relations Date <u>04/19/95</u>
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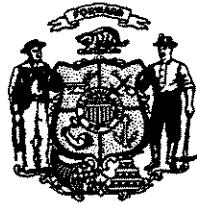
FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Mike Heifetz</u>	Phone <u>7-0370</u>	SAI Number <u>WI950419-090-N81</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date <u>4-26-95</u>	Date Received <u>04-19-95</u> <i>04/19</i>
Signature <i>Michael Hauff</i>	Date <u>4-26-95</u>	Date Due <u>5-1-95</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

April 19, 1995

Valerie Olson
Executive Secretary
Higher Educational Aids Board
PO Box 7885
Madison, WI 53707

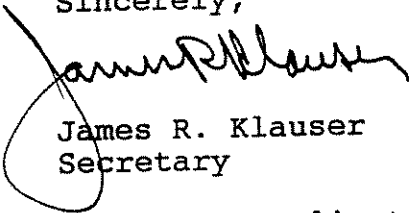
State Student Incentive Grant
State Application Identifier
Number WI950412-083-N84069XX

Dear Executive Secretary Olson:

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)

DUST APPROVED

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 Higher Educational Aids Board		2 CFDA # <u>84.069</u> 13.548		3 Agency I.D. (Optional)																																																																																									
4 Address (Street/City/State/Zip) P.O. Box 7885 Madison, WI 53707 Contact Person Sherrie Nelson Phone 267-2944		5 Federal Agency to Receive Request U.S. Dept. of Education																																																																																											
8 Agency Project Title State Student Incentive Grant		6 Period of Funding Mo/Day/Year 7-1-95 6-30-96		7 Application Due Date Mo/Day/Year 4-28-95																																																																																									
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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates As Fed EO required All																																																																																									
13 Number of Years Previously Funded _____		10 Area of Impact Counties/States Statewide																																																																																											
14 Funding, Allotment and Position Data (including Federal indirect costs) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="4">Total Federal Funds Applied For _____</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>EQ8</td> <td>Federal</td> <td>SSIG</td> <td>\$ 1,320,859</td> <td>0</td> <td></td> <td>0</td> <td></td> </tr> <tr> <td>DVB</td> <td>State</td> <td>GPR</td> <td>\$ 1,320,859</td> <td>0</td> <td></td> <td>0</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 _____				New Positions		Existing Positions		Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type	EQ8	Federal	SSIG	\$ 1,320,859	0		0		DVB	State	GPR	\$ 1,320,859	0		0					\$								\$								\$								\$								\$								\$								\$				
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No																																																																																													
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Valorie T. Olson Signature <i>Valorie T. Olson</i>		Title if other than Agency Secretary Date 4-11-95																																																																																									
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																													
Reviewing Analyst <i>Brian Dahnke</i> Phone <i>4-8259</i>		SAI Number <i>WI950412-083-N</i>		Date Received <i>4-12-95</i>																																																																																									
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Brian Dahnke</i> Date <i>4/13/95</i>		Date Due <i>4-26-95</i>																																																																																									
COMMENTS:																																																																																													

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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

April 24, 1995

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

Substance Abuse Prevention and
Treatment Block Grant, State Application
Identifier Number WI950424-106-N93992XX

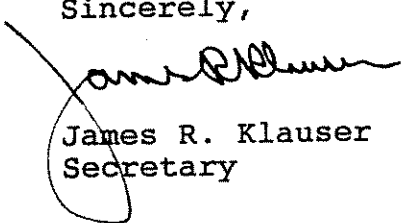
Dear Acting Secretary Lorang:

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,


James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Department of HEalth & Social Services		2 CFDA # <u>93 • 992</u>	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) 1 West Wilson St., P.O. Box 7850 Madison, WI 53707-7850 Contact Person Philip McCullough Phone 266-3719		5 Federal Agency to Receive Request DH&HS, Ctr. for Substance Abuse Treatment					
8 Agency Project Title Substance Abuse Prevention and Treatment Block Grant		6 Period of Funding Mo/Day/Year 10/1/94 9/30/95	7 Application Due Date Mo/Day/Year March 31, 1995				
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates not in Fed Book not state list All					
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other more than 5		10 Area of Impact Counties/States Statewide					
13 Number of Years Previously Funded _____							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$21, 838,800</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
690	Federal	PR-F	\$ 1,322,600			17.25	Perm
744	Federal	PR-F	\$ 7,003,800				
790	Federal	PR-F	\$ 10,370,800				
791	Federal	PR-F	\$ 3,141,600				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>5.2%</u> Base <u>\$561,115</u> Amount <u>29,178</u>				<input type="checkbox"/> No			
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature		Title if other than Agency Secretary Acting Secretary Date <u>3-28-95</u>			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>GRETCHEN A. FOSSUM</u> Phone <u>6-2288</u>		SAI Number <u>WI 950424-100-N</u>		Date Received <u>4/24/95</u>		Date Due _____	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Gretchen A. Fossom</u> Date <u>3/30/95</u>		Date Due _____		XX	
COMMENTS:							

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

April 25, 1995

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

VA Homeless Providers Grant and
Per Diem Payment Program, State
Application Identifier
Number WI950420-102-N64024YY

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.

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

April 26, 1995

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

Secondary Education and Transitional
Services for Youth with Disabilities
(Wisconsin's Design for Transition Success),
State Application Identifier Number
WI950425-108-N84158XX

Dear Superintendent Benson:

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

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

Sincerely,

A handwritten signature in cursive script, 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

Youth w/ Disabilities
Secondary Ed. + Transitional Services

<p>1 Applicant Agency DPI and DHSS/DVR</p>	<p>2 CFDA # <u>84 • 158</u></p>	<p>3 Agency I.D. (Optional)</p>																																																																																												
<p>4 Address (Street/City/State/Zip) P. O. Box 7841 P. O. Box 7852 Madison, WI 53707 Madison, WI 53707 Contact Person Ann Kellogg Phone (608)267-3748</p>	<p>5 Federal Agency to Receive Request Education Department - OSEP</p>																																																																																													
<p>8 Agency Project Title <u>Wisconsin's Design for Transition Success</u></p>	<p>6 Period of Funding Mo/Day/Year 10-1-95 to 3 yrs. 9-30-98</p>	<p>7 Application Due Date Mo/Day/Year 4-3-95</p>																																																																																												
<p>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</p>	<p>12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____</p>	<p>9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates DOA <u>no WI</u> Federal/State Relations <u>EO</u> All _____</p>																																																																																												
<p>13 Number of Years Previously Funded _____</p>																																																																																														
<p>14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,399,923</u> ----- (3 yrs.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">141</td> <td style="text-align: center;">Federal</td> <td style="text-align: center;">PR-F</td> <td style="text-align: center;">\$159,629 (3 yrs.)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">Proj.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">Proj. DHSS/DVR</td> </tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	141	Federal	PR-F	\$159,629 (3 yrs.)	1	Proj.	1	Proj. DHSS/DVR				\$								\$								\$								\$								\$								\$								\$								\$								\$				
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<p>15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>@6.7 (3 yrs.)</u> Base <u>\$1,361,555</u> Amount <u>\$38,368</u> <input type="checkbox"/> No</p>																																																																																														
<p>16 Authorizations <input checked="" type="checkbox"/> Delegated Review</p>	<p>Authorized Agency Representative (Type or Print) John T. Benson Signature <u>John T Benson</u> Title if other than Agency Secretary State Superintendent Date <u>3-28-95</u></p>																																																																																													
<p>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</p>																																																																																														
<p>Reviewing Analyst <u>Rob Cramer</u> Phone <u>6-1923</u></p>	<p>SAI Number <u>WI 950425-108-N</u></p>																																																																																													
<p>Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny</p>	<p>Date Received <u>4/25/95</u></p>																																																																																													
<p>Signature <u>Robert Cramer</u> Date <u>4-25-95</u></p>	<p>Date Due <u>5/9/95</u></p>																																																																																													

84
158

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



cc DU MD 5/2/95

2/11/95

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

April 28, 1995

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

Renewable Energy Research and
Development (Wisconsin BioEnergy
Project), State Application Identifier
Number WI950426-111-N81087ZZ

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 Department of Administration	2 CFDA # <u>8-1-0-8-7</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 101 E. Wilson Street, 6th Floor Madison, WI 53702 Contact Person Dan Moran Phone 266-1067	5 Federal Agency to Receive Request U.S. Department of Energy/USDA	
	6 Period of Funding Mo/Day/Year <u>1/1/96</u> <u>6/30/97</u>	7 Application Due Date Mo/Day/Year 5/9/95
8 Agency Project Title Wisconsin BioEnergy Project	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ _____ All _____	
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 <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input type="checkbox"/> Other	10 Area of Impact Counties/States Portage/Adams Wood Marathon Juneau Wausau Waushara

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>\$3,058,395</u> ✓							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>ER 7200</u> <u>142</u>	<u>Federal</u>	<u>PR-E</u>	<u>\$ 3,058,395</u>	<u>1.5</u>	<u>Project</u>	<u>.75</u>	<u>Perm</u>
	<u>UW-CALS</u>		<u>\$ 119,500</u>				
	<u>US GEN Co.</u>		<u>\$ 15,000,000</u>				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 6% Base 145,653 Amount \$8,739 No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Nathaniel E. Robinson Signature <i>Nathaniel E. Robinson</i>	Title if other than Agency Secretary Administrator, Division of Energy & Intergov. Relations Date <u>04/26/95</u>
---	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Mike Heifetz Phone 7-0370 SAI Number WI95 0426-111-N81087ZZ
 Recommendation: Approve Approve With Conditions Deny Date Received _____
 Signature *Michael Heifetz* Date 5-5-95 Date Due _____

H-747-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

Department of Administration
DOA-7020(R12/92)

Centers for Disease Control & Prevention

1 Applicant Agency DHSS, DIVISION OF HEALTH		2 CFDA # <u>93.283</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 1414 E. WASHINGTON AVENUE ROOM 167 MADISON, WI 53703-3044		5 Federal Agency to Receive Request CENTERS FOR DISEASE CONTROL & PREVENTION		7 Application Due Date Mo/Day/Year 4/3/95	
Contact Person SUSAN BULGRIN (608) 267-9069		6 Period of Funding Mo/Day/Year 8/15/95 8/14/96		10 Area of Impact Counties/Stales WI. 1-9 (ALL COUNTIES)	
8 Agency Project Title PREGNANCY NUTRITION SURVEILLANCE SYSTEM		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No WI EO</i>			
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Cooperative Agreement</u>			
13 Number of Years Previously Funded <u>4</u>					

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$ 69,268.00							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	FEDERAL	PR-F	\$ 69,268			.5	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base \$23,983. Amount \$ 3,166. No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print)
RICHARD W. LORANG
 Title if other than Agency Secretary
ACTING SECRETARY
 Signature *Richard Lorang*
 Date 3-30-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 2-9546 SAI Number WI950407-019-N
 Recommendation: Approve Approve With Conditions Deny Date Received 4-7-95 93
 Signature _____ Date _____ Date Due Delegates 283
 COMMENTS: _____ XX

H-748-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

*Investigations + Tech. Asst.,
Centers for Disease Control + Prevention*

1 Applicant Agency DHSS/Div. of Health/Bureau of Public Health	2 CFDA # <u>93-283</u>	3 Agency I.D. (Optional)
---	------------------------	--------------------------

4 Address (Street/City/State/Zip) 414 E. Washington Avenue Madison, WI 53702	5 Federal Agency to Receive Request Centers for Disease Control <i>JK</i>
--	--

Contact Person Terry Moen Phone 608/266-8579	6 Period of Funding Mo/Day/Year <u>10/01/95</u> <u>09/30/96</u>	7 Application Due Date Mo/Day/Year 04/09/95
--	---	---

8 Agency Project Title Wisconsin FACE Program	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 <u>Coop. Agreement</u>	Clearinghouses: Notified Dates <u>No WI</u> <u>EO</u> All
---	--	--

13 Number of Years Previously Funded 4

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$81,400

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PR-F	\$ 81,400			1.2	Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base 45,310 Amount 5,980 No

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Acting Secretary
	Signature <i>Richard W. Lorang</i>	Date 4-6-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Jablonsky Phone _____ SAI Number WT950412-084-N

Recommendation: Approve Approve With Conditions Deny Date Received 4-12-95

Signature _____ Date _____ Date Due Dec.

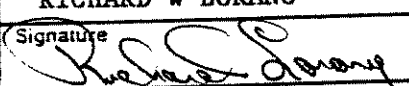
COMMENTS:

93
28
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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 608/257-2125

1 Applicant Agency DEPARTMENT OF HEALTH AND SOCIAL SERVICES		2 CFDA # <u>93-987</u>	3 Agency LD. (Optional)					
4 Address (Street/City/State/Zip) 1 W WILSON STREET PO BOX 7850, MADISON, WI. 53707 Contact Person MIKE PFRANG Phone 266-7550		5 Federal Agency to Receive Request Centers for Disease Control PHS/DH&HS						
8 Agency Project Title REFUGEE HEALTH Program		6 Period of Funding Mo/Day/Year 7-1-95 6-30-96	7 Application Due Date Mo/Day/Year 4-17-95					
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates no WI EO						
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States WI (ALL)						
13 Number of Years Previously Funded 13		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$91,204</u>						
	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	FEDERAL	PFR	\$ 91,204				1.0	PEI
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No								
16 Authorizations <input checked="" type="checkbox"/> Delegated Review			Authorized Agency Representative (Type or Print) RICHARD W LORANG			Title if other than Agency Secretary ACTING SECRETARY		
Signature 			Date 4-17-95					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY								
Reviewing Analyst: <u>Joe Jablonstky</u> Phone _____					SAI Number <u>WI 950419-016-N</u>			
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny					Date Received <u>4-19-95</u>			
Signature _____ Date _____					Date Due <u>Del.</u>			
COMMENTS:								

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98
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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 7888
Madison, WI 53707-7868
Telephone 608/267-2125

1 Applicant Agency Dept. of Health & Social Services	2 CFDA # <u>93 • 628</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 W. Wilson St., P.O. Box 7851 Madison, WI 53707 Contact Person Linda Hisgen Phone <u>608-266-6799</u>	5 Federal Agency to Receive Request Dept. of Health & Human Services	
8 Agency Project Title Strengthening Child Protective Services	6 Period of Funding Mo/Day/Year <u>10-1-95</u> <u>9-30-96</u>	7 Application Due Date Mo/Day/Year 5-2-95
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 checked="" type="checkbox"/> Formula <input 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 Statewide		

13 Number of Years Previously Funded More than 5

14 Funding, Allotment and Position Data (including Federal indirect costs) \$383,227

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
641	Federal	PR-F	\$ 383,227			1	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 4.6% Base \$35,000 Amount \$1,610 No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Acting Secretary Date <u>4-13-95</u>
--	---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Mitchell Fossum Phone 622-88 SAI Number WI950419-094-N

Recommendation: Approve Approve With Conditions Deny Date Received 4-19-95

Signature _____ Date _____ Date Due Dec.

COMMENTS:

9362
XX

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 Department of Health & Social Services		2 CFDA # <u>93 • 670</u>	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) 1 W. Wilson St., P.O. Box 7851 Madison, WI 53707 Contact Person Linda Hisgen Phone <u>608-266-6799</u>		5 Federal Agency to Receive Request Dept. of Health & Human Services					
8 Agency Project Title <i>Child Abuse + Neglect (Baby Doe Project) Discretionary</i>		6 Period of Funding Mo/Day/Year <u>10-1-95</u> <u>9-30-96</u>	7 Application Due Date Mo/Day/Year <u>5-2-95</u>				
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No WLEO</i> All					
12 Type of Assistance Grant <i>Activities</i> <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Statewide					
13 Number of Years Previously Funded <u>More than 5</u>							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$57,035</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
641	Federal	PR-F	\$ 57,035				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____				<input checked="" type="checkbox"/> No			
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>		Title if other than Agency Secretary Acting Secretary Date 4-13-95			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>Cratcher</i>				SAI Number <u>WI 95049-015-N</u>			
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <u>4-19-95</u>			
Signature _____ Date _____				Date Due <u>1995</u>			
COMMENTS:							

93670
XX

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

May 1, 1995

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

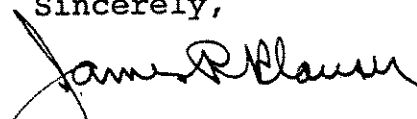
Joint Minnesota and Wisconsin Great
Lakes Regional Demonstration Project,
State Application Identifier Number
WI950428-112-N11473YY

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 Dept. Administration		2 CFDA # <u>11 473</u>		3 Agency I.D. (Optional)																																																																																													
4 Address (Street/City/State/Zip) Coastal Management Program 101 E. Wilson St PO Box 7868 Madison, WI Contact Person: Dea Larsen 53707-7868 Phone 608-266-8234		5 Federal Agency to Receive Request Dept. Commerce/NOAA Ecosystem Health		7 Application Due Date Mo/Day/Year May 1, 1995																																																																																													
8 Agency Project Title Joint Minnesota & Wisconsin Great Lakes Regional Demonstration Project		6 Period of Funding Mo/Day/Year 8/1/95 12/30/96		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ All																																																																																													
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 type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States _____ _____ _____																																																																																													
13 Number of Years Previously Funded _____																																																																																																	
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$35,000</u>																																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td></td> <td>Federal</td> <td></td> <td>\$ 35,000</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type		Federal		\$ 35,000	0							\$								\$								\$								\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions						Existing Positions																																																																																							
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input 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 05/01/95																																																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																																	
Reviewing Analyst <u>Mike Helfing</u> Phone <u>7-0370</u>		SAI Number <u>WT950428-112</u>		Date Received <u>4-28-95</u>																																																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Micheal Hates</u> Date <u>5-1-95</u>		Date Due <u>5-1-95</u>																																																																																													

473
YY

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

May 2, 1995

The Honorable James Doyle
Attorney General
Wisconsin Department of Justice
123 West Washington Avenue
Madison, WI 53703

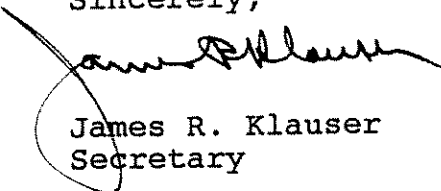
Crime Victim Assistance-Discretionary
Grants (Assistance to Victims of Federal
Crime in Indian Country), State Application
Identifier Number WI950421-103-N16582YY

Dear Attorney General Doyle:

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

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

Sincerely,



James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Budget

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

Discretionary Grants
Crime Victim Assistance -

1 Applicant Agency Wisconsin Department of Justice	2 CFDA # <u>16 • 582</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. Box 7951 Madison, WI 53707 Contact Person Steven Derene Phone <u>267-2251</u>	5 Federal Agency to Receive Request U.S. Department of Justice	
8 Agency Project Title Assistance to Victims of Federal Crime in Indian Country	6 Period of Funding Mo/Day/Year <u>4/1/95</u> <u>9/30/96</u>	7 Application Due Date Mo/Day/Year 4/28/95
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 <i>Notified</i>
10 Area of Impact Counties/Stater Menominee County		
13 Number of Years Previously Funded _____		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$20,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
542	Federal	PR-F	\$20,000	0		0	

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) James E. Doyle Signature <i>James E. Doyle</i>	Title if other than Agency Secretary Attorney General Date 4/17/95
---	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: <i>Regina Frank-Reece</i> Phone <i>6-8270</i>	SAI Number <i>WI950921-103-N</i>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>4/21/95</i>	Date Due <i>4/26/95</i>
Signature <i>Regina Frank-Reece</i> Date <i>5-1-95</i>		

16582
VV

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

May 3, 1995

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

Wisconsin BioEnergy Project - Phase 2
State Application Identifier Number
WI950503-113-N81087ZZ

Dear Mr. Robinson:

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(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>81-087</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 101 E. Wilson Street, 6th Floor Madison, WI 53702 Contact Person Dan Moran Phone 266-1067				5 Federal Agency to Receive Request			
8 Agency Project Title Wisconsin BioEnergy Project - Phase 2				6 Period of Funding Mo/Day/Year <u>7/1/97</u> <u>7/1/99</u>		7 Application Due Date Mo/Day/Year <u>5/9/97</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 type="checkbox"/> Formula <input 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 <u>Portage/Adams</u> <u>Wood</u> <u>Marathon</u> <u>Juneau</u> <u>Wausau</u> <u>Waushara</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>\$5,593,434</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>ER 7200</u> <u>142</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$5,593,434</u>	<u>50</u>	<u>Project</u>	<u>50</u>	<u>Perm</u>
	<u>UW-EACS</u>		<u>\$27,081</u>				
	<u>US GENCO</u>		<u>\$131,525,617</u>				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6%</u> Base _____ Amount <u>\$5,386</u> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review				Authorized Agency Representative (Type or Print) <u>Nathaniel E. Robinson</u> Signature <u>[Signature]</u>		Title if other than Agency Secretary <u>Administrator, Div. of Energy & Intergov. Relations</u> Date <u>05/10/95</u>	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Mike Heifetz</u> Phone <u>7-0370</u>				SAI Number <u>WT950503-113-N8108722</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <u>5/3/95</u>			
Signature <u>[Signature]</u> Date <u>5-5-95</u>				Date Due <u>5/7/95</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

May 8, 1995

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

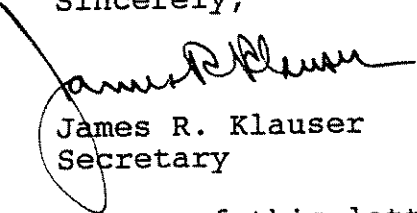
Natural Resource Development
(SBA Tree Planting Program),
State Application Identifier Number
WI950221-038-N59045XX

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# 59.045		3 Agency I.D. (Optional) <i>524</i>																																																																		
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921			5 Federal Agency to Receive Request Small Business Administration (SBA)			6 Period of Funding Mo/Day/Year 10/1/95 9/30/96																																																																	
Contact Person Jack Hoisington Phone (608) 266-1993			7 Application Due Date Mo/Day/Year March 10, 1995			8 Agency Project Title SBA Tree Planting Program																																																																	
9 Agency Project Title <i>Natural Resource Dev.</i>			Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10 Area of Impact Counties/Stages 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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:		Clearinghouses: Notified Dates <i>No WI</i> All: <i>ES</i>																																																																			
13 Number of Years previously funded: Four																																																																							
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																							
Total Federal Funds Applied For <u>\$271,383</u>																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">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:10%;">New Positions No. (FTE)</th> <th style="width:10%;">Type</th> <th style="width:10%;">Existing Positions No. (FTE)</th> <th style="width:10%;">Type</th> </tr> </thead> <tbody> <tr> <td>181-12</td> <td>Federal</td> <td>PR-F</td> <td>\$271,383</td> <td>0</td> <td></td> <td>0</td> <td></td> </tr> <tr> <td>Various</td> <td>State-match</td> <td>Various</td> <td>\$ 90,461</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Local-match</td> <td>In-kind</td> <td>\$180,922</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	181-12	Federal	PR-F	\$271,383	0		0		Various	State-match	Various	\$ 90,461						Local-match	In-kind	\$180,922								\$								\$								\$								\$								
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																																
181-12	Federal	PR-F	\$271,383	0		0																																																																	
Various	State-match	Various	\$ 90,461																																																																				
	Local-match	In-kind	\$180,922																																																																				
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell Bazzell			Title if other than Agency Secretary Administrator/OPA																																																																		
		Signature <i>Darrell Bazzell</i>			Date <i>2/13/95</i>																																																																		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																							
Reviewing Analyst <i>Shelley Moore</i>		Phone <i>6-79113</i>		SAI Number <i>WI950221-038-N</i>																																																																			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>2-21-95</i>		<i>5904E</i>																																																																			
Signature <i>Shelley Moore</i>		Date <i>5/5/95</i>		Date Due <i>3-7-95</i>																																																																			

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

May 8, 1995

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

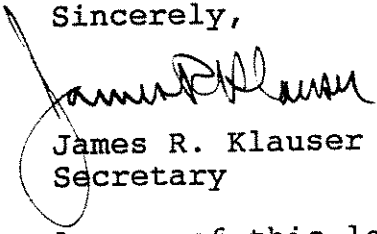
Forestry Incentives Program
State Application Identifier
Number WI950221-035-N10064XX

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)

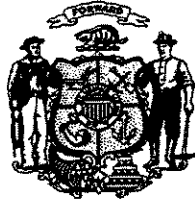
Federal-State Relations Office
101 S. Webster St., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone (608) 267-2125

1 Applicant Agency Department of Natural Resources			2 CFDA# 10.064		3 Agency I.D. (Optional) <i>517</i>																																																																				
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Jack Hoisington Phone (608) 266-1993			5 Federal Agency to Receive Request USDA Forest Service			6 Period of Funding Mo/Day/Year 10/1/94 9/30/95																																																																			
6 Agency Project Title Forestry Incentives Program (FIP)			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified <i>No</i> Dates <i>Feb</i> <i>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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:		13 Number of Years previously funded: More than 5 years Yes <input type="checkbox"/> All <input type="checkbox"/>																																																																					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$8,100</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>181-12</td> <td>Federal</td> <td>PR-F</td> <td>\$8,100</td> <td>0</td> <td></td> <td>0</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	181-12	Federal	PR-F	\$8,100	0		0					\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions						Existing Positions																																																															
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$5,966</u> Amount <u>\$1,389</u> <input type="checkbox"/> No																																																																									
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell Bazzell Signature <i>Darrell Bazzell</i>		Title if other than Agency Secretary Administrator/OPA Date <i>2/13/95</i>																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																									
Reviewing Analyst: <i>Shelley Moore</i> Phone <i>6-7973</i>			SAI Number <i>WI950221-025</i>																																																																						
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received <i>2-21-95</i>																																																																						
Signature <i>Shelley Moore</i>			Date <i>5/5/95</i>																																																																						
Date Due <i>3-7-95</i>			<i>NIC 064</i>																																																																						

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

May 8, 1995

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

Cooperative Forestry Assistance
(Forest Resources Management),
State Application Identifier Number
WI950310-047-N10664XX

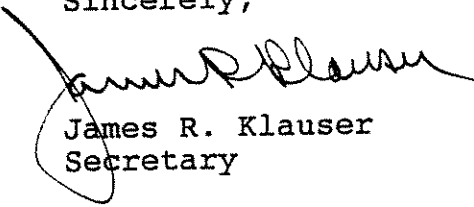
Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

Cooperative Forestry Assistance

1 Applicant Agency Department of Natural Resources		2 CFDA# 10.664		3 Agency I.D. (Optional) 533																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921		5 Federal Agency to Receive Request USDA Forest Service		7 Application Due Date Mo/Day/Year ASAP																																																																					
Contact Person Jack Hoisington Phone (608) 266-1993		6 Period of Funding Mo/Day/Year 10/1/94 9/30/95																																																																							
8 Agency Project Title Forest Resources Management (previously called Rural Forestry Assistance)		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:		Clearinghouses: Notified Dates <i>None</i> <i>WTE</i>																																																																					
13 Number of Years previously funded: More than 5 years		Yes		All																																																																					
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																									
Total Federal Funds Applied For <u>\$72,700</u>																																																																									
<table border="1"> <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>181-12</td> <td>Federal</td> <td>PR-F</td> <td>\$72,700</td> <td>0</td> <td></td> <td>1</td> <td>Permanent</td> </tr> <tr> <td>161-12</td> <td>State-Match</td> <td>SEG</td> <td>\$73,300</td> <td>0</td> <td></td> <td>0</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	181-12	Federal	PR-F	\$72,700	0		1	Permanent	161-12	State-Match	SEG	\$73,300	0		0					\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions						Existing Positions																																																															
				No. (FTE)	Type	No. (FTE)	Type																																																																		
181-12	Federal	PR-F	\$72,700	0		1	Permanent																																																																		
161-12	State-Match	SEG	\$73,300	0		0																																																																			
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$91,662</u> Amount <u>\$21,338</u> <input type="checkbox"/> No																																																																									
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell Bazzell		Title if other than Agency Secretary Administrator/OPA																																																																					
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																									
Reviewing Analyst <i>Shelley Moore</i>		Phone <i>67973</i>		SAI Number <i>105950310-047-N</i>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date <i>5/5/95</i>		Date Received <i>3-10-95</i> <i>10604</i>																																																																					
Signature <i>Shelley Moore</i>		Date <i>5/5/95</i>		Date Due <i>3-24-95</i> <i>XX</i>																																																																					

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

May 8, 1995

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

Endangered Species Conservation
(Wisconsin Endangered and Threatened
Species Investigation), State
Application Identifier Number
WI950407-076-N15612XX

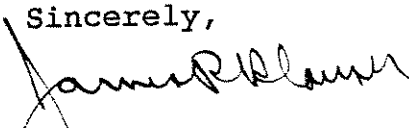
Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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

Endangered Species Conservation

1 Applicant Agency Dept. of Natural Resources	2 CFDA # <u>15 • 612</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) Box 7921 Madison, WI 53707 Contact Person Phone	5 Federal Agency to Receive Request U.S. Fish & Wildlife Service	7 Application Due Date Mo/Day/Year ASAP
	6 Period of Funding Mo/Day/Year Date of Approval <u>9/30/1995</u>	8 Agency Project Title Wisconsin Endangered and Threatened Species Investigation
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>needs WI EO</u> <input checked="" type="checkbox"/> All
10 Area of Impact Counties/States Statewide		

13 Number of Years Previously Funded _____							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$124,578</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
181-15	Federal	PR-F	\$ 124,578			1	Project
163-15	State	SEG	\$ 17,174			about 1	Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement Based on a negotiated rate.
 Yes Rate 21.85 Base _____ Amount Approx. \$12,500 No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Darrell Bazzell, Administrator Signature <i>Darrell Bazzell</i>	Title if other than Agency Secretary Office of Plng. & Analysis Date <u>3/21/95</u>
--	---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Shelley Moore</u> Phone <u>67973</u>	SAI Number <u>WI950407-016N</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>4-7-95</u> <u>15</u>
Signature <u>Shelley Moore</u> Date <u>5/5/95</u>	Date Due <u>4-21-95</u> <u>6/2</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

May 8, 1995

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

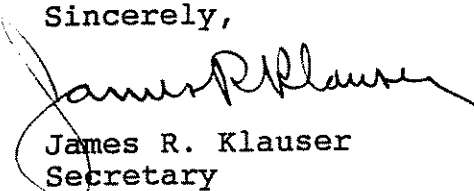
Water Pollution Control-Research,
Development and Demonstration
(Mercury Reduction Plan Development,
Wisconsin Pilot Project), State Application
Identifier Number WI950420-101-N66505XX

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

Budget

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

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

Water Pollution Control - Res. Dev. + Demo.

1 Applicant Agency Department of Natural Resources			2 CFDA# 66-505		3 Agency I.D. (Optional) 551																																																																	
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 07-01-96 06-30-97																																																																	
8 Agency Project Title Mercury Reduction Plan Development, Wisconsin Pilot Project			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <div style="font-size: 1.5em; color: blue; text-align: center;">NO A.I.E.D.</div>		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: X All <u>4/12/95</u>																																																																		
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																						
Total Federal Funds Applied For <u>\$150,000</u>																																																																						
<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th style="width: 10%;">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: 10%;">New Positions No. (FTE)</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Existing Positions No. (FTE)</th> <th style="width: 10%;">Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$142,125</td> <td>.75</td> <td>Proj</td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$7,875</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$7,481</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$414</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	241	Federal	PR-F	\$142,125	.75	Proj			846	Federal	PR-F	\$7,875					201	State	GPR	\$7,481					801	State	GPR	\$414								\$								\$								\$										
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801	State	GPR	\$414																																																																			
			\$																																																																			
			\$																																																																			
			\$																																																																			
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$35,606</u> Amount <u>\$8,289</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>4/10/95</u>																																																																	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																						
Reviewing Analyst <u>Russ Rasmussen</u> Phone <u>6-7329</u>		SAI Number <u>WI950420-01-N</u>		Date Received <u>4-20-95</u> 60505																																																																		
Recommendation: <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Russ Rasmussen</u> Date <u>4/27/95</u>		Date Due <u>5-10-95</u> XX																																																																		
COMMENTS:																																																																						

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

May 10, 1995

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

Water Pollution Control-Lake
Restoration (Phase I Devils
Lake Diagnostic Feasibility Study),
State Application Identifier Number
WI950320-063-N66435XX

Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

Water Pollution Control - Lake Restoration

1 Applicant Agency Department of Natural Resources		2 CFDA# 66-435	3 Agency I.D. (Optional) 549																																																																				
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																																																																					
8 Agency Project Title Phase I Devils Lake Diagnostic Feasibility Study		6 Period of Funding Mo/Day/Year 04/01/95 03/31/97	7 Application Due Date Mo/Day/Year 04/01/95																																																																				
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		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates None WTEO All: 3/15/95																																																																					
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: 2																																																																							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$50,000																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$48,820</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$1,180</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>494</td> <td>State</td> <td>SEG</td> <td>\$48,820</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$1,180</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	241	Federal	PR-F	\$48,820					846	Federal	PR-F	\$1,180					494	State	SEG	\$48,820					801	State	GPR	\$1,180								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																													
				No. (FTE)	Type	No. (FTE)	Type																																																																
241	Federal	PR-F	\$48,820																																																																				
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			\$																																																																				
			\$																																																																				
			\$																																																																				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 23.28% Base \$10,139 Amount \$2,360 <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: 3/14/95																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																							
Reviewing Analyst: <i>Russ Rasmussen</i> Phone: <i>6-17329</i>		SAI Number: <i>WI 950320-063-N6K</i>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received: <i>3-20-95</i>																																																																					
Signature: <i>Russ Rasmussen</i>		Date Due: <i>4-1-95</i>																																																																					

435X

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., 8th Floor
P.O. Box 7888
Madison, WI 53707-7888
Telephone 608/267-2125

1-754-1

1 Applicant Agency Dept. of Health & Social Services	2	CFDA # _____
4 Address (Street/City/State/Zip) 1 W. Wilson St., P.O. Box 309 Madison, WI 53701 Contact Person: Ed Steichen Phone: 608/266-0330	5	Federal Agency to Receive Request National Center for Health Statistics
8 Agency Project Title Vital Statistics Cooperative Project	6	Period of Funding Mo/Day/Year 01-01-95 - 12-31-95
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 Fee for Service _____
13 Number of Years Previously Funded _____	9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ _____ All
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$274,166.00	7	Application Due Date Mo/Day/Year _____

Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	FED	PRF	\$ 274,166	0		3.75	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature: <i>Richard W. Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date: 5-4-95
--	--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: <i>Joe Jablonsky</i> Phone: <i>7-9546</i>	SAI Number: <i>WT950512-131</i>	No 000 XX
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received: <i>5-12-95</i>	
Signature: _____ Date: _____	Date Due: <i>2 Dec.</i>	

COMMENTS:

RECEIVED
 MAY 10 5 20 PM '95
 DEPT. OF ADMIN.

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

Grants for Infants & Families w/ Disabilities

1 Applicant Agency Department of Health and Social Services		2 CFDA # <u>84 • 181</u>	3 Agency I.D. (Optional)																																																																																												
4 Address (Street/City/State/Zip) Division of Community Services P.O. Box 7851, Madison, WI 53707 Contact Person Susan Robbins Phone 267-3270		5 Federal Agency to Receive Request Department of Education																																																																																													
		6 Period of Funding Mo/Day/Year <u>7/1/95</u> <u>9/30/96</u>	7 Application Due Date Mo/Day/Year <u>5/15/95</u>																																																																																												
8 Agency Project Title <u>(Birth to Three Program)</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates Excluded from State review requirement <u>No</u> <u>wt</u> <u>ED</u>																																																																																													
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States <u>statewide</u>																																																																																													
13 Number of Years Previously Funded <u>8</u>		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$5,659,441</u>																																																																																													
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>641</td> <td>FED</td> <td>PFR</td> <td>\$ 713,937</td> <td></td> <td></td> <td>3.5</td> <td>Perm</td> </tr> <tr> <td>749</td> <td>FED</td> <td>PRF</td> <td>\$ 4,945,504</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	641	FED	PFR	\$ 713,937			3.5	Perm	749	FED	PRF	\$ 4,945,504								\$								\$								\$								\$								\$								\$								\$								\$				
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15 Indirect Cost Reimbursement		<table style="width:100%;"> <tr> <td>DOH - 13.2%</td> <td>\$38,000</td> <td>\$5,016</td> </tr> <tr> <td>DCS - 4.6%</td> <td>\$86,629</td> <td>\$3,065</td> </tr> <tr> <td>OPB - 5.7%</td> <td>\$21,000</td> <td>\$1,197</td> </tr> <tr> <td>Base</td> <td></td> <td></td> </tr> </table> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DOH - 13.2%	\$38,000	\$5,016	DCS - 4.6%	\$86,629	\$3,065	OPB - 5.7%	\$21,000	\$1,197	Base																																																																																		
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16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <u>[Signature]</u>	Title if other than Agency Secretary Acting Secretary Date <u>5-8-95</u>																																																																																												
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																															
Reviewing Analyst <u>Wetchen Jassura</u> Phone <u>622-8888</u>		SAI Number <u>WI95AS12-130-N84</u>																																																																																													
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>5-13-95</u>																																																																																													
Signature _____ Date _____		Date Due <u>Rel</u>																																																																																													
COMMENTS:																																																																																															

*181
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

April 10, 1996

Joe Leean, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

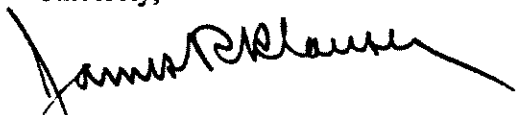
Food Stamps (FCS State Exchange Program),
State Application Identifier Number
WI960329-046-N10551XX

Dear Secretary Leean:

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 s. 16.54, Wis. Stats., 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.

20

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration
Form OOA-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 Health & Social Services	2 CFDA # <u>10-551</u>	3 Agency LD. (Optional) DES 69 01
4 Address (Street/City/State/Zip) 1 W. Wilson St. P.O. Box 7935 Madison WI 53707 Contact Person Reynaldo Noriega DES OQA Phone 266-8628	5 Federal Agency to Receive Request Food and Consumer Service USDA	
8 Agency Project Title Food Stamps FCS State Exchange Program	6 Period of Funding Mo/Day/Year 03/28/96 03/29/96	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	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed EO	
12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Trip Expense</u>	10 Area of Impact Counties/States Statewide	

13 Number of Years Previously Funded _____

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

Total Federal Funds Applied For _____				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
444	federal	Pro F	\$ 256.20				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date 3-25-96
---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Jennifer Sajna Phone 6-2288 SAI Number 960329-046
 Recommendation: Approve Approve With Conditions Deny Date Received 3-29-96
 Signature: *Jennifer Sajna* Date 4/4/96 Date Due 4-12-96

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

April 11, 1996

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

Investigation into Transactional Updating of
Spatial Hydrography Data, State Application
Identifier Number WI960401-047-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 s. 16.54, Wis. Stats., 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 that reads 'James R. Klauser'. The signature is written in a cursive style with a large initial 'J' and 'K'.

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., 8th 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)	
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 United States Geological Survey			
6 Period of Funding Mo/Day/Year 07/01/96 06/30/97				7 Application Due Date Mo/Day/Year 03/28/96			
8 Agency Project Title Investigation into Transactional Updating of Spatial Hydrography Data				9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates NO CFDA#		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 3-29-96 All			
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$35,000</u>							
				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
241	Federal	PR-F	\$33,302				
846	Federal	PR-F	\$1,698				
201	State	GPR	\$11,101				
801	State	GPR	\$566				
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$9,403</u> Amount <u>\$2,264</u> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review				Authorized Agency Representative (Type or Print) Franc Fennessy Signature: <i>Franc Fennessy</i>		Title if other than Agency Secretary Administrator - Div. of Management Services Date: <u>March 29, 1996</u>	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst: <u>Kirsten Brinde</u> Phone: <u>6-7973</u>				SAI Number: <u>WT-960401-047-N00</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received: <u>4-1-96</u>			
Signature: <u>Kirsten M. Brinde</u>				Date: <u>4/11/96</u>		Date Due: <u>4-15-96</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

April 11, 1996

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

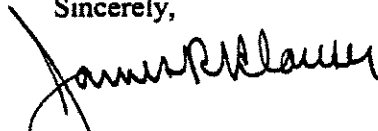
Environmental Protection-Consolidated Research
(Cooperative Agreement on International Effort),
State Application Identifier Number
WI960410-050-N66500

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 s. 16.54, Wis. Stats., 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 DGA-7020 (R 5-88)
(Formerly FDA 50)

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

Research
Environmental Protection - Consolidated

1 Applicant Agency Department of Natural Resources			2 CFDA# 66.500		3 Agency I.D. (Optional) 684																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Alan L. Czesinski Phone 608/266-0160			5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																							
			6 Period of Funding Mo/Day/Year 05/19/94 12/31/97		7 Application Due Date Mo/Day/Year 04/18/96																																																																					
8 Agency Project Title Cooperative Agreement on International Effort			9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Rowl</i> <i>ET</i>		10 Area of Impact Counties/States N/A																																																																					
11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other: Cooperative Agreement																																																																								
13 Number of Years previously funded: two			4-5-96																																																																							
14 Funding, Allotment and Position Data (Including Federal Indirect costs) Total Federal Funds Applied For 49,452																																																																										
<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>645</td> <td>Federal</td> <td>PR-F</td> <td>\$43,765</td> <td>1.0</td> <td>PROJ.</td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$5,687</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>601</td> <td>State</td> <td>GPR</td> <td>\$2,098</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$505</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	645	Federal	PR-F	\$43,765	1.0	PROJ.			846	Federal	PR-F	\$5,687					601	State	GPR	\$2,098					801	State	GPR	\$505								\$								\$								\$				
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			\$																																																																							
			\$																																																																							
			\$																																																																							
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 24.08% Base 25,713 Amount 6,192 <input type="checkbox"/> No																																																																										
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc M. Fennessy Signature <i>Franc M. Fennessy</i>			Title if other than Agency Secretary Administrator - Management Services Date March 28, 1996																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																										
Reviewing Analyst: <i>Kirsten Grinde</i> <i>Russel B...</i>		Phone 6-7973		SAI Number WI960410-050-N66																																																																						
Recommendation: <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date 4/11/96		Date Received 4-10-96																																																																						
Signature <i>Russel B...</i>		Date 4/11/96		Date Due 4-18-96																																																																						
COMMENTS:																																																																										

500

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

April 15, 1996

Alan Tracy, Secretary
Department of Agriculture
Trade & Consumer Protection
2811 Agriculture Drive
PO Box 8911
Madison, WI 53708-8911

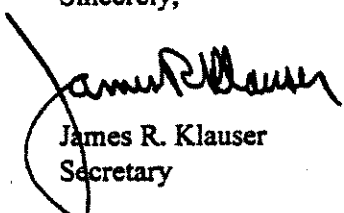
Cooperative Meat and Poultry Inspection
Program, State Application Identifier Number
WI960411-058-N10475XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 1654, Wis. Stats., 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
DOA-7020(R.12/92)

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 <u>Wisconsin Department of Agriculture, Trade & Cons. Prot.-Food Div.</u>		2 CFDA # <u>10 • 475</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) <u>2811 Agriculture Drive, PO Box 8911 Madison, WI 53708-8911</u> Contact Person <u>Barb Knapp</u> Phone <u>608-224-4746</u>		5 Federal Agency to Receive Request <u>USDA-FSIS</u>	
8 Agency Project Title <u>Cooperative Meat & Poultry Inspection Program</u>		6 Period of Funding Mo/Day/Year <u>10-01-95</u> <u>09-30-96</u>	7 Application Due Date Mo/Day/Year <u>09-28-95</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		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified. Dates <u>NO</u> <u>EO</u> All	
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States <u>Wisconsin</u>	
13 Number of Years Previously Funded <u>28</u>		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>3,035,482</u> <u>\$2,981,245 - Awarded</u>	
Numeric Appropriation		Existing Positions No. (FTE) Type	
<u>142 (ER)</u>	<u>FED</u>	<u>PR-F</u>	<u>\$ 3,035,482</u>
\$			47.75
\$			
\$			
\$			
\$			
\$			
\$			
\$			
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>20.26</u> Base <u>1,255,091</u> Amount <u>254,282</u> <input type="checkbox"/> No			
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>ELIZABETH KOHL</u> Title if other than Agency Secretary <u>DEPUTY SECRETARY</u> Signature <u>Elizabeth Kohl</u> Date <u>1-5-96</u>	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY			
Reviewing Analyst <u>Jacky Jugan-Reimer</u> Phone <u>6-7597</u>		SAI Number <u>WI 960411-058-N</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>4-11-96</u>	
Signature <u>[Signature]</u> Date <u>12-April-96</u>		Date Due <u>4-25-96</u>	
COMMENTS:			

10
425
✓



TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

April 16, 1996

Charles H. Thompson, Secretary
Department of Transportation
4802 Sheboygan Avenue, PO Box 7914
Madison, WI 53707-7914

Federal Transit Capital Improvement
Assistance Grant, State Application
Identifier Number WI960318-034-N20500XX

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 s. 16.54, Wis. Stats., 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 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'James R. Klauser', written over a large, stylized flourish that loops around the signature.

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Department of Transportation	2 CFDA # <u>20 • 500</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 Richard Martin Phone <u>608-266-6812</u>	5 Federal Agency to Receive Request Federal Transit Administration																																																																																									
6 Period of Funding Mo/Day/Year <u>10/01/96</u> <u>9/30/98</u>		7 Application Due Date Mo/Day/Year <u>03/08/96</u>																																																																																								
8 Agency Project Title Federal Transit Section 3 Capital <u>Improvement</u> (Assistance) Grant (Now Section 5309)		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates None notified <u>Needs</u> <u>mt</u> <u>EO</u> All																																																																																								
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		10 Area of Impact Counties/States <u>Appleton, Green Bay, Janesville, Kenosha, LaCrosse, Oshkosh, Racine, Wausau</u>																																																																																								
12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____																																																																																										
13 Number of Years Previously Funded _____																																																																																										
14 Funding, Allotment and Position Data (including Federal indirect costs) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="4">Total Federal Funds Applied For _____</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 style="text-align: center;">481</td> <td style="text-align: center;">Federal</td> <td></td> <td style="text-align: right;">\$5,129,240</td> <td style="text-align: center;">None</td> <td></td> <td style="text-align: center;">None</td> <td></td> </tr> <tr> <td style="text-align: center;">471</td> <td style="text-align: center;">Local</td> <td></td> <td style="text-align: right;">\$1,233,560</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Total Federal Funds Applied For _____				New Positions		Existing Positions		Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type	481	Federal		\$5,129,240	None		None		471	Local		\$1,233,560								\$								\$								\$								\$								\$								\$								\$				
Total Federal Funds Applied For _____				New Positions		Existing Positions																																																																																				
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471	Local		\$1,233,560																																																																																							
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																																										
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) James W. VanSistine Title if other than Agency Secretary Div Administrator Date 3-12-96																																																																																								
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																										
Reviewing Analyst <u>Doug Percy</u> Phone <u>6-1039</u> Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature <u>Doug Percy</u> Date <u>3/15/96</u>		SAI Number <u>WI960318-034-N20</u> Date Received <u>3-18-96</u> Date Due <u>4-1-96</u> 500 XX																																																																																								
COMMENTS:																																																																																										
<input checked="" type="checkbox"/> 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

April 17, 1996

Joe Leean, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

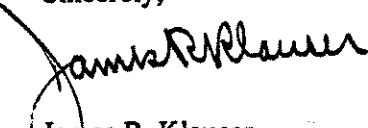
Food Stamps (FCS State Exchange Program/
Indianapolis Trip Expense), State Application
Identifier Number WI960415-062-N10551XX

Dear Secretary Leean:

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 s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Department of Health & Social Services	2 CFDA # 10 - 551	3 Agency I.D. (Optional) DES 129 - 01
4 Address (Street/City/State/Zip) 1 W. Wilson Street, P.O. Box 7935 Madison WI 53707-7935 Contact Person Reynaldo Noriega DES OQA Phone 266-8628	5 Federal Agency to Receive Request Food and Consumer Service USDA	
	6 Period of Funding Mo/Day/Year 04-22-96 04-24-96	7 Application Due Date Mo/Day/Year
8 Agency Project Title <i>Food Stamp</i> FCS State Exchange Program	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EO</i> All	
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 type="checkbox"/> Discretionary Other <u>Trip Expense</u>	10 Area of Impact Counties/States Statewide

13 Number of Years Previously Funded _____

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

Total Federal Funds Applied For _____				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
444	Federal	Pro F	\$ 413.90				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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 4-4-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jennifer Sajna Phone 6-22 88 SAI Number WI-960415-062
 Recommendation: Approve Approve With Conditions Deny Date Received 4-15-96
 Signature Jennifer Sajna Date 4/16/96 Date Due 4-29-96
 COMMENTS: _____