

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



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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY

April 17, 1996

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

Learn and Serve America-School and Community  
Based Programs, State Application Identifier  
Number WI960415-061-N94004XX

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 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.

A copy of this letter must be transmitted to the federal granting 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, 8th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

<b>1</b> Applicant Agency Department of Public Instruction	<b>2</b> CFDA # <u>94 . 004</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) P.O. Box 7841 Madison WI 53707-7841  Contact Person Stan Potts Phone 608.266.3569	<b>5</b> Federal Agency to Receive Request Corporation for National and Community Service	
	<b>6</b> Period of Funding Mo/Day/Year 7-1-94 6-30-97	<b>7</b> Application Due Date Mo/Day/Year 3-29-96
<b>8</b> Agency Project Title Learn and Serve America - School <i>Community Based Program</i>	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates _____ _____ _____ All	
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States Wisconsin
<b>13</b> Number of Years Previously Funded <u>4</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For _____							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	Federal	\$382,938			.50	LTE
101	State	In-Kind	\$ 25,903				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes Rate 6.3 Base 382,938 Amount 19,147  No

**16** Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) John T. Benson  Signature 	Title if other than Agency Secretary  Date 3/23/96
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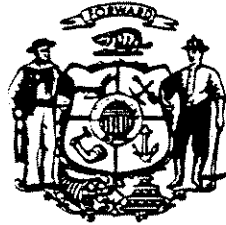
**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Rob Chamer</u> Phone <u>6-1923</u>	SAI Number <u>WI960415-061-N</u>	Date Received <u>4-15-96</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Due <u>4-29-96</u>
Signature <u>Rob Chamer</u> Date <u>4-16-96</u>		

COMMENTS:

94  
004  
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 22, 1996

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

Mapping Erosion Hazard Areas Project,  
State Application Identifier Number  
WI960412-059-N00000ZZ

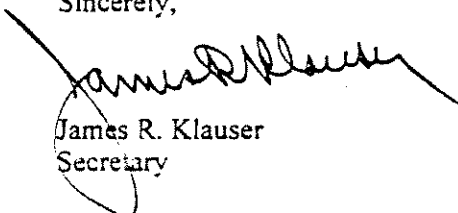
Dear Mr. Robinson:

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 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.

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

Sincerely,

  
James R. Klauser  
Secretary

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

<b>1</b> Applicant Agency Department of Administration		<b>2</b> CFDA # _____ * _____		<b>3</b> Agency I.D. (Optional) _____																																																																																					
<b>4</b> Address (Street/City/State/Zip) 101 E. Wilson St. 6th Floor Madison, WI 53702 Contact Person Oscar Herrera Phone 267-7988		<b>5</b> Federal Agency to Receive Request Federal Emergency Mgt. Agency		<b>6</b> Period of Funding Mo/Day/Year <u>7/1/96</u> <u>2/28/97</u>																																																																																					
<b>7</b> Application Due Date Mo/Day/Year 5/6/96		<b>8</b> Agency Project Title Mapping Erosion Hazard Areas Project		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ _____ All																																																																																					
<b>10</b> Area of Impact Counties/States Racine Ozaukee Manitowoc		<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>13</b> Number of Years Previously Funded <u>0</u>																																																																																					
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$25,000</u> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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><u>142 644</u></td> <td>FED</td> <td>PR-F</td> <td>\$ 23,967</td> <td></td> <td></td> <td colspan="2">60% of 1 Proj.</td> </tr> <tr> <td><u>142 141</u></td> <td>FED (Indirect)</td> <td>PR-F</td> <td>\$ 1,033</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	<u>142 644</u>	FED	PR-F	\$ 23,967			60% of 1 Proj.		<u>142 141</u>	FED (Indirect)	PR-F	\$ 1,033								\$								\$								\$								\$								\$								\$								\$				
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<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.4%</u> Base <u>16,145</u> Amount <u>\$1,033</u> <input type="checkbox"/> No																																																																																									
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Nathaniel E. Robinson Signature _____		Title if other than Agency Secretary Administrator, Div. of Date Energy & Intergov. Relations <u>04/15/96</u>																																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																									
Reviewing Analyst <u>Pam Henning</u> Phone <u>267-0371</u>		SAI Number <u>WT960412-059-00000022</u>		Date Received <u>4/12/96</u>																																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Pamela Henning</u> Date <u>4-24-96</u>		Date Due <u>4/30/96</u>																																																																																					

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



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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY

April 24, 1996

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

Emergency Medical Services Data Collection-  
Programming, State Application Identifier Number  
WI960411-057-N00000XX

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.

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 circular flourish.

James R. Klauser  
Secretary

H-797-2

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration  
Form OGA-7020 (R 5-88)  
(Formerly FGA 50)

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

<b>1</b> Applicant Agency DHSS/Division of Health/EMS Section		<b>2</b> CFDA # _____					
<b>4</b> Address (Street/City/State/Zip) 1 W. Wilson St. Madison WI 53701 Contact Person Jon Morgan Phone 266-9781		<b>3</b> Agency LCL (Optional) _____					
<b>8</b> Agency Project Title EMS Data Collection - Programming		<b>5</b> Federal Agency to Receive Request WI DOT from National Highway Safety					
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>6</b> Period of Funding Mo/Day/Year _____					
<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		<b>7</b> Application Due Date Mo/Day/Year _____					
<b>13</b> Number of Years Previously Funded _____		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ All _____					
<b>10</b> Area of Impact Counties/States WI							
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For _____							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
167	Federal State	PR-S	\$ 35,990				
		In-Kind	\$ 5000				
			\$ _____				
			\$ _____				
			\$ _____				
			\$ _____				
			\$ _____				
			\$ _____				
			\$ _____				
			\$ _____				
			\$ _____				
<b>15</b> Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No							
<b>16</b> Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature _____		Title if other than Agency Secretary Deputy Secretary Date 4-8-96			
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>							
Reviewing Analyst: <u>Sue Jablonsky</u>		Phone: <u>7-9546</u>		SAI Number: <u>WI 96041-057-N</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date: <u>4/23/96</u>		Date Received: <u>4-11-96</u>		Date Due: <u>4-25-96</u>	
Signature: <u>S. Jablonsky</u>		Date: <u>4/23/96</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 26, 1996

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

VA Homeless Providers Grant & Per Diem  
Payment Program, State Application Identifier  
Number WI960425-067-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 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.

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

Sincerely,

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

James R. Klauser  
Secretary

101 422

# 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

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<b>1</b> Applicant Agency Dept of Veterans Affairs	<b>2</b> CFDA # <u>64-024</u>	<b>3</b> Agency I.D. (Optional)				
<b>4</b> Address (Street/City/State/Zip) 30 West Mifflin St. Madison, WI 53703 Contact Person Doug Bingenheimer Phone 264-6094	<b>5</b> Federal Agency to Receive Request US Dept of Veterans Affairs					
	<b>6</b> Period of Funding Mo/Day/Year <u>7/96</u> <u>6/97</u>	<b>7</b> Application Due Date Mo/Day/Year 4/29/96				
<b>8</b> Agency Project Title <u>VA Homeless Providers Grant &amp; Per Diem Payment Program</u>	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ _____ All					
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant Rehab <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States Waupaca WI				
<b>13</b> Number of Years Previously Funded _____						
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$90,000 for Ove Hall Rehab-Kitchen &amp; Dining Area &amp; Per Diem</u> of <u>\$30/day/client of Veterans Assistance Program</u>						
Total Federal Funds Applied For Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)	Type
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
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_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
<b>15</b> Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No						
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Robert A. Cocroft  Signature 		Title if other than Agency Secretary Deputy Secretary  Date 4/25/96		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY						
Reviewing Analyst <u>Pam Henning</u> Phone <u>9-0371</u>	Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		SAI Number <u>WI 960425-067-N</u>			
Signature <u>Pamela J Henning</u>	Date <u>4-25-96</u>		Date Received <u>4/25/96</u>		Date Due <u>4/26/96</u>	
COMMENTS: _____						

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



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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY

April 29, 1996

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

Effects of Watershed Urbanization on  
Stream Ecosystems, State Application  
Identifier Number WI960423-066-N00000ZZ

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to 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".

James R. Klauser  
Secretary

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



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



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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY

April 29, 1996

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

Safe and Drug Free Schools and Communities  
(Governor's Discretionary Program), State  
Application Identifier Number WI960429-073-N84186XX

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.

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

Sincerely,

A handwritten signature in cursive script, 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

H-178-1  
Sue-FUT

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

Federal-State Relations Office  
101 S. Webster St., 5th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/257-2125

1 Applicant Agency WI Dept. of Health and Social Services		2 CFDA # 66-032	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) Division of Health, Public Health 1 W. Wilson Street, Madison WI 53702		5 Federal Agency to Receive Request USEPA	
Contact Person Conrad Weiffenbach Phone 608)267-4796		6 Period of Funding Mo/Day/Year June 1, 1996 May 31, 1997	7 Application Due Date Mo/Day/Year 3/31/96
8 Agency Project Title <u>State</u> Indoor Radon Grant		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No</u> <u>WT</u> <u>ED</u> All	10 Area of Impact Counties/States <u>Statewide</u>
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other		
13 Number of Years Previously Funded <u>6</u>			

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

Total Federal Funds Applied For \$203,416

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$203,416				
101	State	GPR	\$137,905				
	Other Match	In-Kind	\$65,674				
			\$				
			\$				
			\$				
			\$				
			\$				

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	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard W. Lorang</i>	Date 3-27-86

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 79546 SAI Number WI960410-049-1

Recommendation:  Approve  Approve With Conditions  Deny Date Received 4-10-96

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due Rel.

COMMENTS:

66  
032  
X

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

4-799-1

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

<b>1</b> Applicant Agency <u>Division of Health Bureau of Public Health</u>	<b>2</b> CFDA # <u>93.9.98</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) <u>One West Wilson Street</u> <u>P.O. Box 309, Madison, WI 53701-0309</u> Contact Person <u>Patrick Remington, M.D. Phone 267-3835</u>	<b>5</b> Federal Agency to Receive Request <u>CDC/ Public Health Service</u>	
<b>6</b> Period of Funding Mo/Day/Year <u>07/01/96</u> <u>06/30/97</u>	<b>7</b> Application Due Date Mo/Day/Year <u>4/15/96</u>	
<b>8</b> Agency Project Title <u>State-Based Programs to Reduce the Burden of Diabetes: A Health Systems Approach</u>	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI EO</u>	
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States <u>Statewide</u>
<b>13</b> Number of Years Previously Funded <u>Two</u>		

<b>14</b> Funding, Allotment and Position Data (Including Federal indirect costs)							
Total Federal Funds Applied For <u>\$303,539</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PR F	\$ 303,539			4.00	Permanent
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement  Yes Rate 14.1% Base 150,700 Amount 21,249  No

<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u>  Signature 	Title if other than Agency Secretary <u>Deputy Secretary</u>  Date <u>4-12-96</u>
---	---	---

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>She Jablonsky</u> Phone <u>7-9546</u>	SAI Number <u>WI960418-064-N</u>	
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>4-18-96</u>	93 988 XX
Signature _____ Date _____	Date Due <u>5-2-96</u>	
COMMENTS: <span style="float: right; font-size: 1.2em;">Delegated</span>		

Comments Continued on Reverse or on a Separate Sheet

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

<p>1 Applicant Agency Dept. of Industry, Labor &amp; Human Relations</p>	<p>2 CFDA # 17.246</p>																																																																																				
<p>4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Dan Bond Phone 266-0745</p>	<p>5 Federal Agency to Receive Request U. S. Dept. of Labor</p>																																																																																				
<p>8 Agency Project Title National Reserve Application for the Farm population in the State of Wisconsin.</p>	<p>7 Application Due Date Mo/Day/Year Continuous RFP</p>																																																																																				
<p>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other</p>																																																																																				
<p>13 Number of Years Previously Funded 0</p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates</p>																																																																																				
<p>14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$ 780,063</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">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>152</td> <td>Federal</td> <td>PR-F</td> <td>\$ 768,362</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>153-Indirect</td> <td>Federal</td> <td>PR-F</td> <td>\$ 62</td> <td></td> <td></td> <td>22</td> <td>Perm</td> </tr> <tr> <td>145</td> <td>Federal</td> <td>PR-F</td> <td>\$ 11,642</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>		Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	152	Federal	PR-F	\$ 768,362					153-Indirect	Federal	PR-F	\$ 62			22	Perm	145	Federal	PR-F	\$ 11,642								\$								\$								\$								\$								\$								\$				
Appropriation	Source					Revenue Type	Amount	New Positions		Existing Positions																																																																											
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152	Federal	PR-F	\$ 768,362																																																																																		
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<p>15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .75% of Salaries Base \$8,250 Amount \$62 <input type="checkbox"/> No</p>																																																																																					
<p>16 Authorizations <input checked="" type="checkbox"/> Delegated Review</p>	<p>Authorized Agency Representative (Type or Print) Susan Huss Signature <i>Susan Huss</i> Title if other than Agency Secretary Budget Analyst Date May 3, 1996</p>																																																																																				
<p><b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b></p>																																																																																					
<p>Reviewing Analyst <i>Orlando Costa</i> Phone <i>6-1102</i> Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature _____ Date _____ COMMENTS:</p>	<p>SAI Number <i>WI960509-085</i> Date Received <i>5-9-96</i> Date Due <i>Dec.</i></p>																																																																																				

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## 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

Employment Service

1	Applicant Agency Dept. of Industry, Labor & Human Relations	2	CFDA # 17.207	3	Agency I.D. (Optional)	
4	Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Ronald Hunt Phone 266-2687	5	Federal Agency to Receive Request U. S. Dept. of Labor			
		6	Period of Funding Mo/Day/Year 7/1/96 9/30/97	7	Application Due Date Mo/Day/Year 5/10/96	
8	Agency Project Title JTPA/One-Stop Workforce Development System Building Demonstration Grant	9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates		10	Area of Impact Counties/States  Statewide
11	Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12	Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other			
13	Number of Years Previously Funded	0	All			
14	Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$223,596					
	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE) Type	Existing Positions No. (FTE) Type
	151	PR-F	Federal	\$ 223,468		.36 Perm
	153-Indirect	PR-F	Federal	\$ 128		
15	Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .75% of Salaries Base \$ 17,064 Amount \$128 <input type="checkbox"/> No					
16	Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Susan Huss Signature <i>Susan Huss</i>		Title if other than Agency Secretary Budget Analyst Date 5/10/96		
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>						
Reviewing Analyst <i>Orlando Costa</i>		Phone <i>6-1103</i>		SAI Number <i>WI960514-090-</i>		
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>5-14-96</i>		Date Due <i>Del.</i>		
Signature _____		Date _____				
COMMENTS:						

19  
20  
X



**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

*Brants*  
*Refugee + Entrant Asst. - Discretionary*

<b>1</b> Applicant Agency Department of Health & Social Services	<b>2</b> CFDA # <u>93.576</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 1 West Wilson Street P.O. Box 7935 Madison WI 53707-7935 Contact Person Susan G. Levy Phone 266-0578	<b>5</b> Federal Agency to Receive Request Department of Health & Human Services	
	<b>6</b> Period of Funding Mo/Day/Year <u>09/30/96</u> <u>09/29/97</u>	<b>7</b> Application Due Date Mo/Day/Year 05/10/96
<b>8</b> Agency Project Title Refugee Family Violence Prevention Education, and Intervention	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified    Dates <i>no WI</i> <i>EO</i>	
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States <u>Statewide</u>
<b>13</b> Number of Years Previously Funded <u>2</u>		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$150,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
446	Federal	PR-F	\$ 150,000	0		0	
	Local	Cash/in-kind	\$ 50,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

<b>15</b> Indirect Cost Reimbursement			
<input type="checkbox"/> Yes    Rate _____    Base _____    Amount _____		<input type="checkbox"/> No	
<b>16</b> Authorizations	Authorized Agency Representative (Type or Print) Richard W. Lorang		Title if other than Agency Secretary Deputy Secretary
	<input type="checkbox"/> Delegated Review		Signature <i>Richard W. Lorang</i> Date 5-9-96

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Jennifer Sajna</u> Phone <u>6-8219</u>	SAI Number <u>WI960514-088N93</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>5-14-96</u> <span style="float:right">576X</span>
Signature _____ Date _____	Date Due <u>Del.</u>
COMMENTS:	

H-802-1

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 608/257-2125

*Disease Registry*

*Health Program for Toxic Substances &*

1 Applicant Agency WI Dept of Health & Human Services	2 CFDA # <u>93.161</u>	3 Agency I.D. (Optional)
--	------------------------	--------------------------

4 Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 309 Madison WI 53701 Contact Person Thomas Anderson Phone 266-7089	5 Federal Agency to Receive Request CDC-ATSDR	7 Application Due Date Mo/Day/Year 05/15/96
	6 Period of Funding Mo/Day/Year 09/30/96 09/29/97	

8 Agency Project Title Surveillance of Hazardous Substances Emergency Events	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>WI</i> All	10 Area of Impact Counties/States Statewide
--	--	---

11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other Co-op Agreement
---	---

13 Number of Years Previously Funded 5

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

Total Federal Funds Applied For \$71,273

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 71,273			1.0	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 14.1 Base \$35,069 Amount \$4,945  No

16 Authorizations  <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard Lorang</i>	Date 5-8-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *She Jablonsky* Phone 7-9546 SAI Number WI 960514-087-N93

Recommendation:  Approve  Approve With Conditions  Deny Date Received 5-14-96

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due Del.

COMMENTS:

161  
XX

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-801-1

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

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

Investigations + Technical Asst.  
Centers for Disease Control + Prevention -

<b>1</b> Applicant Agency DH&SS/Division of Health	<b>2</b>	CFDA # <u>93</u> • <u>293</u>
<b>4</b> Address (Street/City/State/Zip) Center for Health Statistics 1 W. Wilson St., Rm 172 Madison Wi 53707 Contact Person Kathy Bailey Phone (608)266-8927	<b>5</b>	Federal Agency to Receive Request Centers for Disease Control
<b>8</b> Agency Project Title National Programs of Cancer Registries	<b>6</b>	Period of Funding Mo/Day/Year <u>9/30/96</u> <u>9/29/97</u>
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>7</b>	Application Due Date Mo/Day/Year <u>5/8/96</u>
<b>12</b> Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	<b>9</b>	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO</u> <u>WI</u> <u>EO</u> All
<b>13</b> Number of Years Previously Funded <u>2</u>	<b>10</b>	Area of Impact Counties/States All Counties

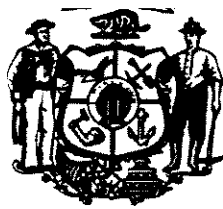
Total Federal Funds Applied For _____				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
T49	Federal	PR-F	\$ 317,635				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

<b>15</b> Indirect Cost Reimbursement	<input type="checkbox"/> Yes Rate _____ Base _____ Amount _____	<input checked="" type="checkbox"/> No
<b>16</b> Authorizations	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature: <i>Richard W. Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date: <u>5-6-96</u>
<input type="checkbox"/> Delegated Review		

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Aue Jablonsky</i> Phone <u>9-9546</u>	SAI Number <u>WI960514-087-N</u>	
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>5/14/96</u>	93 283X
Signature _____ Date _____	Date Due <u>Dec</u>	

COMMENTS:



TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY

May 2, 1996

William J. McCoshen, Secretary  
Department of Development  
123 W. Washington Avenue  
PO Box 7970  
Madison, WI 53707-7970

Economic Development--State and Local  
Economic Development Planning (Wisconsin  
Industrial Sites and Buildings Internet System), State  
Application Identifier Number WI960320-039-N11305XX

Dear Secretary McCoshen:

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 cursive script, appearing to read "James R. Klauser".

James R. Klauser  
Secretary

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE**

Department of Administration  
DOA-7020 (12/92)

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

*Econ. Dev. - State & Local Econ Dev. Planning*

1 Applicant Agency Department of Development		2 CFDA # <u>11.305</u>																																																																																																	
4 Address (Street/City/State/Zip) 123 W. Washington Madison, WI 53707 Contact Person William G. Lehman Phone 267-9573		5 Federal Agency to Receive Request Economic Development Administration																																																																																																	
		6 Period of Funding Mo/Day/Year <u>5/1/96</u> <u>9/1/96</u>	7 Application Due Date Mo/Day/Year 4/1/1996																																																																																																
8 Agency Project Title Wisconsin Industrial Sites & Buildings Internet System (WisBis)		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates DOA-Fed State <u>3/18/96</u> All Regional <u>3/18/96</u> Planning Comm. <u>need</u> All <u>WT</u> <u>EO</u>																																																																																																	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		10 Area of Impact Counties/States <u>Entire state</u>																																																																																																	
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Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																																																												
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141	Fed	PER	\$ 76,800			0																																																																																													
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15 Indirect Cost Reimbursement Only to be claimed as state match. <input checked="" type="checkbox"/> Yes Rate <u>39.3%</u> Base Salary/Fringe Amount <u>\$8400.00</u> <input type="checkbox"/> No																																																																																																			
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) William J. McCoshen Signature <u>[Signature]</u> Title if other than Agency Secretary Secretary Date 3/22/96																																																																																																	
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>																																																																																																			
Reviewing Analyst <u>Judy Jughel</u> Phone <u>6-7597</u>		SAI Number <u>WI-960320-039</u>																																																																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>3-20-96</u>																																																																																																	
Signature <u>[Signature]</u> Date <u>26 March 96</u>		Date Due <u>4-1-96</u>																																																																																																	
COMMENTS:																																																																																																			
<input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet																																																																																																			

N 11  
305  
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

May 6, 1996

Carol Skornicka, Secretary  
Department of Industry, Labor  
and Human Relations  
201 E. Washington Avenue  
PO Box 7946  
Madison, WI 53707-7946

Women's Special Employment Assistance (Non-  
Traditional Occupations for Women-LINK Project  
for Placements), State Application Identifier Number  
WI960429-075-N17700XX

Dear Secretary Skornicka:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to 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., 8th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

Women's Special Employment Assistance

<p>1 Applicant Agency Dept. of Industry, Labor &amp; Human Relations</p>	<p>2 CFDA # 17.700</p>
<p>4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Mary Cirilli Phone 267-7273</p>	<p>5 Federal Agency to Receive Request U. S. Dept. of Labor</p>
<p>8 Agency Project Title Non-Traditional Occupations for Women - LINK project for placements.</p>	<p>6 Period of Funding Mo/Day/Year 06/01/96 11/30/97</p> <p>7 Application Due Date Mo/Day/Year 04/28/96</p>
<p>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other</p>
<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EO</i></p>	
<p>10 Area of Impact Counties/States Statewide</p>	

13 Number of Years Previously Funded 1 All

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For 287,730

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
145	Federal	PR-F	\$ 13,028			.118	Perm
153-indirect	Federal	PR-F	\$ 51				
152	Federal	PR-F	\$ 274,651				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate .75% of Salaries Base \$6,838 Amount \$51  No

18 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Sue Huss	Title if other than Agency Secretary Budget Analyst
	Signature <i>Sue Huss</i>	Date 4/23/96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Orlando Cantu Phone 60-1103 SAI Number WI460429-015  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 4-29-96  
 Signature *Orlando Cantu* Date 5/2/96 Date Due 5-12-96  
 COMMENTS:

N  
17  
200  
XX

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

---

May 7, 1996

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

Community Assistance Program-State  
Support Services Element, State Application  
Identifier Number WI960429-069-N83105XX

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.

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

Sincerely,

A handwritten signature in black ink that reads 'James R. Klauser'. The signature is written in a cursive style with a large, sweeping initial 'J'.

James R. Klauser  
Secretary



# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

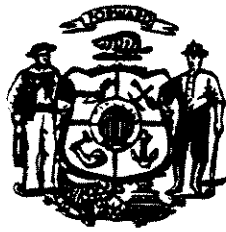
Department of Administration  
Form DOA-7020 (R 5-88)  
(Formerly FDA 50)

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

<b>1</b> Applicant Agency Department of Natural Resources		<b>2</b> CFOA# 83.105	<b>3</b> Agency LD. (Optional) 686																																																																				
<b>4</b> Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person Bob Watson Phone 266-8037		<b>5</b> Federal Agency to Receive Request Federal Emergency Management Agency																																																																					
<b>6</b> Period of Funding Mo/Day/Year 10/1/95 9/30/96		<b>7</b> Application Due Date Mo/Day/Year																																																																					
<b>8</b> Agency Project Title State Support Serv Community Assistance Program-SSSE Element		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Clearinghouses: Notified Dates No Fed ES																																																																					
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other: Contract																																																																					
<b>13</b> Number of Years previously funded: Since FY 80-81 Yes 4-24-96 AIE		<b>10</b> Area of Impact Counties/States Statewide																																																																					
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$115,109</u>																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>02-339</td> <td></td> <td>PR-S</td> <td>\$94,152</td> <td>0</td> <td></td> <td>1.00</td> <td>Perm</td> </tr> <tr> <td>02-846</td> <td></td> <td>PR-F</td> <td>\$27,942</td> <td>0</td> <td></td> <td>0</td> <td></td> </tr> <tr> <td>02-301</td> <td></td> <td>GPR</td> <td>\$31,384</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	02-339		PR-S	\$94,152	0		1.00	Perm	02-846		PR-F	\$27,942	0		0		02-301		GPR	\$31,384								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																													
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02-301		GPR	\$31,384																																																																				
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			\$																																																																				
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$118,037</u> Amount <u>\$27,942</u> <input type="checkbox"/> No																																																																							
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc Fennessey  Signature [Signature]  Title if other than Agency Secretary Administrator - Management Services  Date April 18, 1996																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																							
Reviewing Analyst Russ Kasemus Signature [Signature] Date 5/7/96		SAI Number WI-960429-009-N Date Received 4-29-96 Date Due 5-13-96																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny COMMENTS:																																																																							

83  
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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

May 8, 1996

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

Wisconsin Coastal Zone Management  
Program 1996-97, State Application  
Identifier Number WI960426-068-N11419ZZ

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 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.

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.

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

Sincerely,

  
James R. Klauser  
Secretary

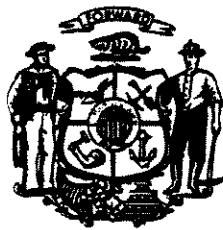
# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

<b>1</b> Applicant Agency Department of Administration		<b>2</b> CFDA # <u>11.419</u>		<b>3</b> Agency I.D. (Optional)	
<b>4</b> Address (Street/City/State/Zip) 101 E. Wilson St., 6th Floor P.O. Box 7868, Madison, WI 53707-7868 Contact Person Oscar Herrera Phone 267-7988		<b>5</b> Federal Agency to Receive Request NOAA/Off of Ocean & Coastal Resource Mgt			
		<b>6</b> Period of Funding Mo/Day/Year <u>10/1/96</u> <u>3/31/98</u>		<b>7</b> Application Due Date Mo/Day/Year <u>5/15/96</u>	
<b>8</b> Agency Project Title WI Coastal Zone Management Program 1996-97 Grant Application		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ All _____		<b>10</b> Area of Impact Counties/States Lake Michigan and Lake Superior Coastal Counties	
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____			
<b>13</b> Number of Years Previously Funded <u>18</u>					
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,036,000</u>					
				New Positions Existing Positions No. (FTE) Type No. (FTE) Type	
Numeric Appropriation	Source	Revenue Type	Amount		
<u>146</u>	Federal	PR-F	\$1,018,363		5.25 Perm
<del>146</del>	Indirect	PR-F	\$ 17,637		.60 Project
<u>101</u>	State	GPR	\$ 16,433		.25 Perm
<del>101</del>	Indirect	<del>GPR</del>	\$ 1,052		
Local	Match		\$ 469,240		
Other	Match		\$ 412,275 (DNR)		
			\$		
			\$		
			\$		
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.4</u> Base <u>\$292,005</u> Amount <u>\$18,689</u> <input type="checkbox"/> No					
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Nathaniel E. Robinson Signature <u>Nathaniel E. Robinson</u>		Title if other than Agency Secretary Administrator, Div. of Energy & Intergovernmental Relations Date <u>04/26/96</u>	
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>					
Reviewing Analyst <u>Pam Henning</u>		Phone <u>267-0371</u>		SAI Number <u>WI960426-C68 711419 22</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date <u>5-1-96</u>		Date Received <u>4-26-96</u>	
Signature <u>Pamela Henning</u>				Date Due <u>5-8-96</u>	

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



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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY

May 8, 1996

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

Minimum Data Set Automation Project,  
State Application Identifier Number  
WI960507-084-N00000XX

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.

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".

James R. Klauser  
Secretary



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

May 9, 1996

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

Non-Regulatory Program, Graphic Logo and  
Identifier/Lawn and Garden Equipment, State  
Application Identifier Number WI960507-082-N00000YY

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.

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

Sincerely,

  
James R. Klauser  
Secretary

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE**

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

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

1 Applicant Agency Department of Natural Resources			2 CFDA#		3 Agency I.D. (Optional)																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921			5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																							
Contact Person Ed Nelson Phone 608/266-8910			6 Period of Funding Mo/Day/Year 2/21/96 6/30/96		7 Application Due Date Mo/Day/Year N/A																																																																					
8 Agency Project Title Non-regulatory Program, Graphic Logo and Identifier/Lawn and Garden Equipment.			9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10 Area of Impact Counties/States Waukesha/SE WI																																																																					
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: Purchase Order		Clearinghouses: Notified Dates <i>No CFDA #</i>																																																																						
13 Number of Years previously funded: 0			5-1-96 AIE																																																																							
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																										
Total Federal Funds Applied For \$2,500																																																																										
<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</td> <td>Federal</td> <td>Program Revenue-Federal</td> <td>\$2,014</td> <td>0</td> <td>N/A</td> <td>1</td> <td>LTE</td> </tr> <tr> <td>882</td> <td>Federal</td> <td>Indirect</td> <td>\$ 486</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	Federal	Program Revenue-Federal	\$2,014	0	N/A	1	LTE	882	Federal	Indirect	\$ 486								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																				
				No. (FTE)	Type	No. (FTE)	Type																																																																			
181	Federal	Program Revenue-Federal	\$2,014	0	N/A	1	LTE																																																																			
882	Federal	Indirect	\$ 486																																																																							
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate 24.08% Base \$2,014.00 Amount \$ 486.00 <input checked="" type="checkbox"/> No																																																																										
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc Fennessy		Title if other than Agency Secretary Administrator, Management Services																																																																						
		Signature <i>Franc Fennessy</i>		Date April 30, 1996																																																																						
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>																																																																										
Reviewing Analyst <i>Russel P. Pappas</i>		Phone 6-7329		SAI Number WI960507-082-N																																																																						
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Russel P. Pappas</i>		Date Received 5/7/96																																																																						
		Date 5/9/96		Date Due 5/21/96																																																																						

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0044

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

May 9, 1996

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

National Pollutant Discharge Elimination System...  
(Wastewater Permitting Geographic Information System  
(GIS) Data Collection and Integration Project), State  
Application Identifier Number WI960507-079-N66463XX

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.

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

Sincerely,

A handwritten signature in cursive script that reads 'James R. Klauser'. The signature is written in black ink and is positioned above the printed name and title.

James R. Klauser  
Secretary



WISCONSIN FEDERAL GRANT APPLICATION NOTICE

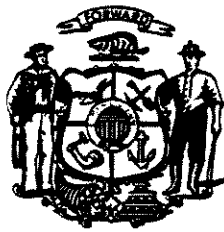
Department of Administration  
Form DOA-7020 (R 6-88)  
(Formerly FDA 50)

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

*Elimination System - -  
National Pollutant Discharge*

1 Applicant Agency Department of Natural Resources				2 CFDA# 66.463		3 Agency I.D. (Optional) 703																																																																									
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921				5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																											
Contact Person Ed Boebel Phone 608/266-9252				6 Period of Funding Mo/Day/Year 10-01-96 09-30-97		7 Application Due Date Mo/Day/Year 06-01-96																																																																									
8 Agency Project Title Wastewater Permitting Geographic Information System (GIS) Data Collection and Integration Project				9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10 Area of Impact Counties/Stater  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:		Clearinghouses: Notified Dates <i>No cut</i> <i>ES</i>																																																																											
13 Number of Years previously funded: 0				AIE																																																																											
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																															
Total Federal Funds Applied For <u>\$165,000</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>241</td> <td>Federal</td> <td>PR-F</td> <td>\$139,247</td> <td></td> <td></td> <td>2</td> <td>Perm</td> </tr> <tr> <td>848</td> <td>Federal</td> <td>PR-F</td> <td>\$25,753</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$7,329</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$1,355</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	241	Federal	PR-F	\$139,247			2	Perm	848	Federal	PR-F	\$25,753					201	State	GPR	\$7,329					801	State	GPR	\$1,355								\$								\$								\$												
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$112,576</u> Amount <u>\$27,108</u> <input type="checkbox"/> No																																																																															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc M. Fennessy			Title if other than Agency Secretary Administrator - Management Services																																																																										
		Signature <i>Franc M. Fennessy</i>			Date <i>April 24, 1996</i>																																																																										
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																															
Reviewing Analyst: <u>Russ Kasamuska</u> Phone <u>6-7329</u>				SAI Number: <u>WI960507-079-N</u>																																																																											
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature: <u>Russ Kasamuska</u>		Date: <u>5/8/96</u>		Date Received: <u>5-7-96</u>																																																																									
		Date Due: <u>5-21-96</u>				<i>66463 XX</i>																																																																									

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



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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY

May 9, 1996

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

National Pollutant Discharge Elimination System...  
(Partnership Coordination for Preventing and Removing  
Pollutants in Stormwater Discharges from Illicit Discharges  
in Green Bay Urban Area), State Application Identifier  
Number WI960507-081-N66463XX

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.

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

Sincerely,

A handwritten signature in black ink that reads "James R. Klauser".

James R. Klauser  
Secretary

**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

*National Pollutant Discharge*

1 Applicant Agency Department of Natural Resources			2 CFDA# 86.463		3 Agency I.D. (Optional) 700	
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 10-01-96 09-30-97	
7 Application Due Date Mo/Day/Year 06-01-96			8 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Clearinghouses: Notified Dates <i>no WI</i> <i>EO</i>		9 Area of Impact Counties/Stater 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			5-1-96 AIE			
14 Funding, Allotment and Position Data (Including Federal indirect costs)						
Total Federal Funds Applied For \$218,000						
				New Positions		Existing Positions
Numeric	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE) Type
241	Federal	PR-F	\$206,574			1 Perm
846	Federal	PR-F	\$11,426			
201	State	GPR	\$10,873			
801	State	GPR	\$601			
			\$			
			\$			
			\$			
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 24.08% Base \$49,947 Amount \$12,027 <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 <i>April 30, 1996</i>	

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Russel Rasmussen</i>	Phone <i>6-7329</i>	SAI Number <i>WI960507-08</i>	<i>-N</i>
Recommendation <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>5/7/96</i>	<i>666</i>	
Signature <i>Russel Rasmussen</i>	Date <i>5/8/96</i>	Date Due <i>5/21/96</i>	<i>463</i>
<i>XX</i>			

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



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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY

May 9, 1996

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

National Pollutant Discharge Elimination System...  
(Red Cedar River Watershed Strategy Implementation),  
State Application Identifier Number WI960507-080-N66463XX

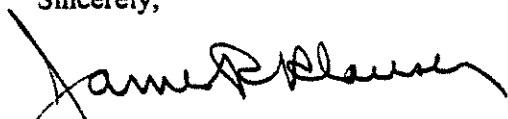
Dear Mr. Bazzell:

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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,

  
James R. Klauser  
Secretary

**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

*National Pollutant Discharge*

1 Applicant Agency Department of Natural Resources			2 CFDA# 66.463		3 Agency I.D. (Optional) 702																																																																			
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921			5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																					
Contact Person Ed Boebel Phone 608/266-9252			6 Period of Funding Mo/Day/Year 10-01-96 09-30-97		7 Application Due Date Mo/Day/Year 08-01-96																																																																			
8 Agency Project Title Red Cedar River Watershed Strategy Implementation			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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:		Clearinghouses: Notified Dates <i>No WI</i> <i>Ed</i>																																																																				
13 Number of Years previously funded: 0			5-1-96		All																																																																			
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Total Federal Funds Applied For <u>\$232,500</u>																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Numeric Appropriation</th> <th style="text-align: left;">Source</th> <th style="text-align: left;">Revenue Type</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">New Positions No. (FTE)</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">Existing Positions No. (FTE)</th> <th style="text-align: left;">Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$203,234</td> <td></td> <td></td> <td>2</td> <td>Perm</td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$29,266</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$10,697</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$1,540</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	\$203,234			2	Perm	846	Federal	PR-F	\$29,266					201	State	GPR	\$10,697					801	State	GPR	\$1,540								\$								\$								\$									
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$127,931</u> Amount <u>\$30,806</u> <input type="checkbox"/> No																																																																								
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc M. Fennesy Signature: <i>Franc M. Fennesy</i>			Title if other than Agency Secretary Administrator - Management Services Date: <u>April 30, 1996</u>																																																																			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																								
Reviewing Analyst: <i>Russ Pasmun</i> Phone: <u>6-7329</u>			SAI Number: <u>WI960507-080-N</u>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received: <u>5-7-96</u>		664																																																																			
Signature: <i>Russ Pasmun</i> Date: <u>5/9/96</u>			Date Due: <u>5-21-96</u>		638x																																																																			

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 9, 1996

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

(Recreational) Boating Safety Financial  
Assistance, State Application Identifier  
Number WI960507-083-N20005XX

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.

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 circular flourish.

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

<b>1 Applicant Agency</b> Department of Natural Resources		<b>2</b> CFDA # <u>20-0005</u>	<b>3 Agency I.D. (Optional)</b> _____																																																																																
<b>4 Address (Street/City/State/Zip)</b> P.O. Box 7921 Madison, WI 53707 Contact Person William Engfer Phone 608-266-0859		<b>5 Federal Agency to Receive Request</b> DOT-U.S. Coast Guard-Washington, D.C.																																																																																	
<b>8 Agency Project Title</b> Recreational Boating Safety <i>Financial</i>		<b>6 Period of Funding Mo/Day/Year</b> 10-01-95 09-30-96	<b>7 Application Due Date Mo/Day/Year</b> 04/04/96																																																																																
<b>11 Type of Application</b> <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>9 Executive Order 12372 Review Required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates _____ <i>NO WI</i> _____ <i>EO</i> _____ All																																																																																	
<b>12 Type of Assistance</b> Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		<b>10 Area of Impact Counties/States</b> All Counties in the State of Wisconsin																																																																																	
<b>13 Number of Years Previously Funded</b> 13		<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b> Total Federal Funds Applied For <u>776,094</u>																																																																																	
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Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																																												
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<b>16 Authorizations</b> <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc Fennessy Signature <i>Franc Fennessy</i> Title if other than Agency Secretary Administration-OPA Date <u>April 20, 1996</u>																																																																																	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																			
Reviewing Analyst <u>Kirsten Grinde</u> Phone <u>609-9173</u>		SAI Number <u>WI 960507-083-N</u>																																																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>5/7/96</u>																																																																																	
Signature <i>Kirsten Grinde</i> Date <u>5/9/96</u>		Date Due <u>5/21/96</u>																																																																																	
COMMENTS:																																																																																			

20005  
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

May 9, 1996

The Honorable James Doyle  
Attorney General  
Wisconsin Department of Justice  
114 East, State Capitol  
PO Box 7857  
Madison, WI 53702

State Medicaid Fraud Control Unit,  
State Application Identifier Number  
WI960506-077-N93775XX

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 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.

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

Sincerely,

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

James R. Klauser  
Secretary



WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DCA-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 Department of Justice		2 CFDA # <u>13.775</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 114 East-State Capitol Madison WI 53702 Contact Person Juan Colas (608)264-6360 Phone		5 Federal Agency to Receive Request Department of Health & Human Services		7 Application Due Date Mo/Day/Year 5-1-96	
8 Agency Project Title State Medicaid Fraud Control Unit		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO</u> All		10 Area of Impact Counties/States State of Wisconsin	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other			
13 Number of Years Previously Funded 17					

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

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

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR-F	\$ 450,022			6.75	Perm.
348	Federal	PR-F	\$ 55,530				
101	State	GPR	\$ 150,008			2.25	Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 17.0% Base 326,644 Amount 55,530  No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) James E. Doyle	Title if other than Agency Secretary Attorney General
	Signature <i>James E. Doyle</i>	Date 4/26/96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Mike Heffley Phone 267-0370 SAI Number WI960506-077-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 5-6-96  
 Signature Mike Heffley Date 5-8-96 Date Due 5-20-96

COMMENTS:

93  
205  
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 10, 1996

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

National Pollutant Discharge Elimination System...  
(Municipal Mercury Reduction Programs), State  
Application Identifier Number WI960507-078-N66463XX

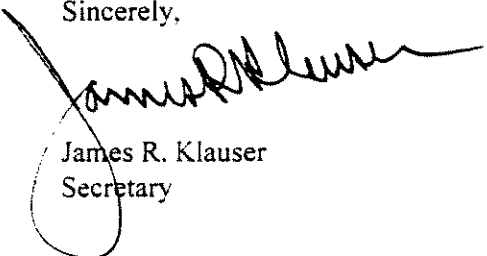
Dear Mr. Bazzell:

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.

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

Sincerely,

  
James R. Klauser  
Secretary

## 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

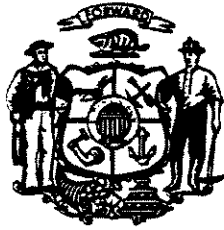
Elimination System  
National Pollutant Discharge

1 Applicant Agency Department of Natural Resources			2 CFDA# 66.463		3 Agency I.D. (Optional) 701																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921			5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																							
Contact Person Ed Boebel Phone 608/266-9252			6 Period of Funding Mo/Day/Year 10-01-96 09-30-97		7 Application Due Date Mo/Day/Year 06-01-96																																																																					
8 Agency Project Title Municipal Mercury Reduction Programs			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates No WI EO		10 Area of Impact Counties/States Statewide																																																																					
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		13 Number of Years previously funded: 0																																																																						
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																										
Total Federal Funds Applied For \$215,000																																																																										
<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>\$188,762</td> <td></td> <td></td> <td>2</td> <td>Perm</td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$26,238</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$9,935</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$1,381</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	241	Federal	PR-F	\$188,762			2	Perm	846	Federal	PR-F	\$26,238					201	State	GPR	\$9,935					801	State	GPR	\$1,381								\$								\$								\$					15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 24.08% Base \$114,697 Amount \$27,619 <input type="checkbox"/> No		
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																																
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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 April 30, 1996																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																										
Reviewing Analyst <i>Russel Bassmussen</i> Phone 6-7329		SAI Number <i>WI 960507-018-N</i>		Date Received <i>5-7-96</i>																																																																						
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Russel Bassmussen</i> Date <i>5/9/96</i>		Date Due <i>5-21-96</i>																																																																						

66  
463x

COMMENTS:

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



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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY

May 23, 1996

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

Coastal Wetlands Planning, Protection and  
Restoration Act (Glacial Habitat Restoration  
Area II), State Application Identifier Number  
WI960415-060-N15614YY

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 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

15.614  
~~00000~~

<b>1</b> Applicant Agency Wisconsin DNR	<b>2</b> CFDA # <u>15-FFC</u>	<b>3</b> Agency I.D. (Optional) 682
<b>4</b> Address (Street/City/State/Zip) Box 7921 Madison WI 53707 Contact Person Tim Grunewald Phone 608-264-6137	<b>5</b> Federal Agency to Receive Request U.S. Dept. of Interior	
	<b>6</b> Period of Funding Mo/Day/Year 11/96 To 11/98	<b>7</b> Application Due Date Mo/Day/Year 4/5/96
<b>8</b> Agency Project Title Glacial Habitat Restoration Area II	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates Needs at EO -# 4-11-96	
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States Winnebago Fond du Lac Dodge Columbia

ECRF

**13** Number of Years Previously Funded One

**14** Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For \$790,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
182		SEG-F	\$ 790,000	0	0	0	0
125		GPR	\$ 1,392,300	0	0	0	0
	USFWS		\$ 163,000	0	0	0	0
	Private		\$ 244,000	0	0	0	0
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes Rate 24.11% Base 0 Amount 0  No

**16** Authorizations

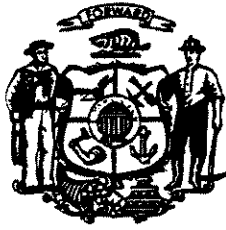
<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Franc Fennessy, Administrator Signature 	Title if other than Agency Secretary Management Services Date April 4, 1996
---	--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Kirsten Coindé</u>	Phone <u>6-2973</u>	SAI Number <u>WI 960445-060</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>4-15-96</u>	Date Due <u>4-29-96</u>
Signature <u>Theresa M. Grunewald</u>	Date <u>4/18/96</u>	

15  
684  
44

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



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

TOMMY G. THOMPSON  
GOVERNOR  
JAMES R. KLAUSER  
SECRETARY

May 23, 1996

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

Anadromous and Great Lakes Fisheries Conservation  
(Transactional Voice Technology to Improve Wisconsin  
Lake Michigan Fisheries), State Application Identifier  
Number WI960410-051-N11405ZZ

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

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

Sincerely,

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

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 DAA-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

Anadromous & Great Lakes Fisheries Conservation

J5

<b>1</b> Applicant Agency Dept. of Natural Resources		<b>2</b> CFDA # <u>11.405</u>			
<b>4</b> Address (Street/City/State/Zip) Box 7921 Madison, WI 53707 Contact Person Thomas Niebauer Phone 608-266-5898		<b>5</b> Federal Agency to Receive Request National Marine Fisheries Service			
<b>8</b> Agency Project Title Transactional Voice Technology to Improve Wisconsin Lake Michigan Fisheries		<b>7</b> Application Due Date Mo/Day/Year Date of Approval Sept. 30, 1997			
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Needs at</u> <u>ED</u> <u>X All 4-5-96</u>			
<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		<b>10</b> Area of Impact Counties/States <u>bordering Lakes Superior &amp; Michigan</u> <u>NWRPE</u> <u>BLRPE</u> <u>SEWRPE</u>			
<b>13</b> Number of Years Previously Funded <u>0</u>					
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$5,000</u>					
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE) Type	Existing Positions No. (FTE) Type
181	Federal	PR-F	\$ 4,940		Approx. 1 FTE
161	State	Seg.	\$ 4,940		
882	Indirect		\$ 120		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
<b>15</b> Indirect Cost Reimbursement (Based on a negotiated rate.) <input type="checkbox"/> No					
<input checked="" type="checkbox"/> Yes Rate <u>24.08</u> Base _____ Amount _____					
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc Fennessy, Administrator Signature <u>Franc Fennessy</u>		Title if other than Agency Secretary Management Services Date <u>March 28, 1996</u>	
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>					
Reviewing Analyst <u>Kristen Grinde</u> Phone <u>6-7973</u>		SAI Number <u>WI-960410-051</u>		NLI EUS ZZ	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>4-10-96</u>			
Signature <u>Russell Fennessy</u> Date <u>4/11/96</u>		Date Due <u>4-24-96</u>			
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 23, 1996

Ted Tobie, Administrator  
Division of Administrative  
and Extended Services  
Educational Communications Board  
3319 West Beltline Highway  
Madison, WI 53713-4296

Public Telecommunications Facilities Program  
(Replacement of Television Master Control  
Equipment), State Application Identifier  
Number WI960409-048-N11550XX

Dear Mr. Tobie:

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.

Sincerely,

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

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 60)

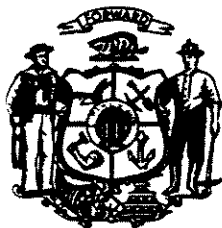
Federal-State Relations Office  
 101 S. Webster St., 6th Floor  
 P.O. Box 7888  
 Madison, WI 53707-7888  
 Telephone 608/267-2125

<b>1</b> Applicant Agency WI Educational Communications Board		<b>2</b> CFDA # <u>11.550</u>																																																																													
<b>4</b> Address (Street/City/State/Zip) 3319 West Beltline Highway Madison, WI 53713 Contact Person: Ted Tobie Phone: 264-9667		<b>5</b> Federal Agency to Receive Request Department of Commerce (N.T.I.A.)																																																																													
<b>8</b> Agency Project Title Replacement of Television Master Control Equipment		<b>6</b> Period of Funding Mo/Day/Year 09-01-96 08-31-98	<b>7</b> Application Due Date Mo/Day/Year 03-28-96																																																																												
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>Needs</u> <u>WJ</u> <u>ES</u>																																																																													
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<b>13</b> Number of Years Previously Funded <u>None</u>		<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>421,020</u>																																																																													
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<b>18</b> Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																															
<b>18</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Ted Tobie Signature <u>[Signature]</u> Title if other than Agency Secretary Associate Director Date April 8, 1996																																																																													
<table style="width: 100%;"> <tr> <td>Reviewing Analyst <u>Brian Pahnke</u></td> <td>Phone <u>4-8259</u></td> <td>S&amp;I Number <u>WI960409-048-N</u></td> <td></td> </tr> <tr> <td>Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny</td> <td>Date <u>4/10/96</u></td> <td>Date Received <u>4-9-96</u></td> <td></td> </tr> <tr> <td>Signature <u>[Signature]</u></td> <td>Date <u>4/10/96</u></td> <td>Date Due <u>4-23-96</u></td> <td style="text-align: right; vertical-align: top;">550</td> </tr> </table>				Reviewing Analyst <u>Brian Pahnke</u>	Phone <u>4-8259</u>	S&I Number <u>WI960409-048-N</u>		Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date <u>4/10/96</u>	Date Received <u>4-9-96</u>		Signature <u>[Signature]</u>	Date <u>4/10/96</u>	Date Due <u>4-23-96</u>	550																																																																
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Signature <u>[Signature]</u>	Date <u>4/10/96</u>	Date Due <u>4-23-96</u>	550																																																																												

late

550

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

May 23, 1996

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

Grants to States for Construction of State Home  
Facilities (Wisconsin Veterans Home Assisted  
Living Project), State Application Identifier  
Number WI960410-055-N64005XX

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 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".

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

*Grants to States for Construction of State Home Facilities*

<b>1</b> Applicant Agency Wisconsin Department of Veterans Affairs	<b>2</b> CFDA # <u>04-005</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 30 W. Mifflin Street, 8th Floor MADISON WI 53703 Contact Person Doug Bingenheimer Phone 608-264-6094	<b>5</b> Federal Agency to Receive Request Veterans Affairs	
	<b>6</b> Period of Funding Mo/Day/Year FY 97	<b>7</b> Application Due Date Mo/Day/Year pre app 4/15/96
<b>8</b> Agency Project Title Wisconsin Veterans Home Assisted Living Project	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>hosp WI</i> <i>EO</i> All	
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____
<b>10</b> Area of Impact Counties/States Waupaca County Balance of WI		
<b>13</b> Number of Years Previously Funded <u>new</u>		

**14** Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For \$3,025,750

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
NEW	Federal	PR-F	\$ 3,025,750				
NEW	State	PR supported bonding	\$ 1,629,250				
NEW	State	PR-OP	\$ 612,827	8			
			\$				
			\$				
			\$				
			\$				
			\$				

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

**16** Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <i>Robert A. Cocroft</i> Signature ROBERT A. COCROFT	Title if other than Agency Secretary Deputy Secretary Date 4/9/96
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**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Pam Henning    Phone 7-0371    SAI Number WI960410-055-N61  
 Recommendation:     Approve     Approve With Conditions     Deny    Date Received 4-10-96  
 Signature Pamela S Henning    Date 4-10-96    Date Due 4-10-96

*005*  
*XX*