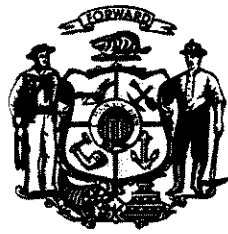


STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
101 East Wilson Street, Madison, Wisconsin



6
Mailing Address:
Post Office Box 7864
Madison, WI 53707-7864

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

June 27, 1996

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

Food Stamps (FCS State Exchange Program/
Trip Expense/Rogers/6/21/96/Chicago), State
Application Identifier Number WI960625-142-N10551XX

Dear Secretary Leean:

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

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

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

1 Applicant Agency Department of Health and Social Services	2 CFDA # <u>1.0 • 5.5.1</u>	3 Agency I.D. (Optional) DES 129 - 01
4 Address (Street/City/State/Zip) 1 W. Wilson Street, Room 358 Madison, WI 53707-7935 Contact Person Reynaldo Noriega Phone 266-8628	5 Federal Agency to Receive Request Food and Consumer Service USDA	6 Period of Funding Mo/Day/Year 06-20-96 06-21-96
8 Agency Project Title Food Stamps (FCS State Exchange Program)	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed. 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 type="checkbox"/> Discretionary Other <u>Trip Expenses</u>	7 Application Due Date Mo/Day/Year _____
13 Number of Years Previously Funded _____		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For _____							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
444	Federal	Pro F	\$ 210.20				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No		
16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>R. Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date 6-19-85

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>J. Lopez</i> Phone <u>6-2219</u>	SAI Number <u>WI 960625-14</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>6-25-96</u>
Signature <i>James Lopez</i> Date <u>6/27/96</u>	Date Due <u>7-9-96</u>

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

H-805-1

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 608/267-2125

1 Applicant Agency Department of Health And Social Services		2 CFDA # _____	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Room 96 Madison, WI 53703 Contact Person Mark Bunge (608) Phone 267-4784		5 Federal Agency to Receive Request Department of Health & Human Services	
		6 Period of Funding Mo/Day/Year July 1, 1996 June 30, 1997	7 Application Due Date Mo/Day/Year 6/3/96
8 Agency Project Title Compliance Field Testing of Diagnostic X-ray Inspection		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No CFDA</u> All	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	
13 Number of Years Previously Funded 21		10 Area of Impact County/States Statewide	

14 Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For \$20,252.50						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
149	Federal	PRF	\$ 20,252.50			.5
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

15 Indirect Cost Reimbursement
 Yes Rate 14.1% Base 9,214 Amount 1,299 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 5-20-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Dee Jablonsky Phone 759546 SAI Number WI960604-105-NOC
 Recommendation: Approve Approve With Conditions Deny Date Received 6-4-96
 Signature _____ Date _____ Date Due Del.

000
XX

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

H-804-1

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Dept. of Health & Social Services	2 CFDA # <u>93.987</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 W. Wilson St. P.O. Box 7850, Madison, WI 53707 Contact Person Mike Pfrang Phone 266-7550	5 Federal Agency to Receive Request <i>JPC</i>	6 Period of Funding Mo/Day/Year <u>7/1/96</u> <u>6/30/97</u>
8 Agency Project Title <u>Refugee Health Program</u>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WF</u> <u>EO</u> All	7 Application Due Date Mo/Day/Year <u>5/24/96</u>
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States <u>WI (All)</u>
13 Number of Years Previously Funded _____		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$84,116</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PRF	\$			1.0	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 14.1% Base \$54,186 Amount \$7,640 No

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Richard Lorang</u> Signature <i>Richard Lorang</i>	Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>5-23-96</u>
--	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Lue Jablonsky</u> Phone <u>7-9546</u>	SAI Number <u>WI960604-106-1</u>
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>6-4-96</u>
Signature _____ Date _____	Date Due <u>Rel.</u>

COMMENTS:

939
X

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

Department of Administration
OA-7020(R12/92)

*Comprehensive Breast & Cervical Cancer
Cooperative Agreements for State-Based
Early Detection*

H-807-1

1 Applicant Agency: DEPARTMENT OF HEALTH AND SOCIAL SERVICES

2 CFDA # 93.919

3 Agency I.D. (Optional)

4 Address (Street/City/State/Zip): DIVISION OF HEALTH, BUREAU OF PUBLIC HEALTH, 1414 E. WASHINGTON AVE., MADISON, WI 53703

5 Federal Agency to Receive Request: CENTERS FOR DISEASE CONTROL & PREVENTION

6 Period of Funding Mo/Day/Year: 09/30/96 - 09/29/97

7 Application Due Date Mo/Day/Year: 05/15/95

8 Agency Project Title: WISCONSIN WOMEN'S CANCER CONTROL PROGRAM

9 Executive Order 12372 Review Required: Yes No

10 Area of Impact Counties/States: STATEWIDE

11 Type of Application: New Grant, Amendment to Current Grant, Continuation-Unchanged, Continuation-Modified

12 Type of Assistance: Grant, Formula, Discretionary, Other

13 Number of Years Previously Funded

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

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	FEDERAL	PR-F	\$3,181,740			11	PERMANENT
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement: Yes Rate 14.1% Base 431,130 Amount \$60,789 No

16 Authorizations: Delegated Review

Authorized Agency Representative (Type or Print): RICHARD W. LORANG

Signature: *[Signature]*

Title if other than Agency Secretary: DEPUTY SECRETARY

Date: 5-24-86

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

SAI Number: *WT 960604-103-N*

Date Received: *6-4-96*

Date Due: *[Signature]*

Reviewing Analyst: *[Signature]* Phone: *7-9546*

Recommendation: Approve Approve With Conditions Deny

Signature: _____ Date: _____

COMMENTS:

9391c
XX

~~H-808-1~~
H-811-01

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

Investigations & Tech. Asst.

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

Centers for Disease Control & Prevention

1 Applicant Agency DHSS/DOH/BPH		2 CFDA # 93.283	3 Agency L.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Rm 112 Contact Person Valerie Ingram-Stewart Phone 608-267-3256		5 Federal Agency to Receive Request CDC-NIOSH	6 Period of Funding Mo/Day/Year 9/30/96
8 Agency Project Title Adult Blood Lead Epidemiology & Surveillance		7 Application Due Date Mo/Day/Year 5/30/96	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input 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	10 Area of Impact Counties/States Statewide	
13 Number of Years Previously Funded		Clearinghouse Notified Dates <i>No</i> <i>ED</i> All	

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
149	fed	PR-F	\$ 22,000			.3	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 14.1 Base \$13,440 Amount \$1,895 No

16 Authorizations

<input 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 5-28-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Jae J. J. J.* Phone 7-9546 SAI Number WF960605-111

Recommendation: Approve Approve With Conditions Deny Date Received 6-5-96

Signature _____ Date _____ Date Due Dec.

COMMENTS:

N
93
285
XX

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 & Human Relations</p>	<p>2 CFDA # 1 7 . 2 2 5</p>	<p>Agency ID# (Optional) SBR-3-96</p>																																																																																				
<p>4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Kathie Grove Phone 266-7285</p>	<p>5 Federal Agency to Receive Request U. S. Dept. of Labor</p>																																																																																					
<p>6 Agency Project Title <i>Unemployment Insurance</i> UI Law Change Funding</p>		<p>7 Application Due Date Mo/Day/Year 10/01/95- 09/30/96</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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input type="checkbox"/> Other</p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No</i> <i>266</i> <i>ET</i></p>																																																																																				
<p>13 Number of Years Previously Funded All</p>		<p>10 Area of Impact Counties/States Statewide</p>																																																																																				
<p>14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$105,942</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>151</td> <td>FEDERAL</td> <td>PR-F</td> <td>\$ 105,676</td> <td></td> <td></td> <td>1.02</td> <td>Perm.</td> </tr> <tr> <td>153</td> <td>INDIRECT</td> <td>PR-F</td> <td>\$ 266</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>			Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	151	FEDERAL	PR-F	\$ 105,676			1.02	Perm.	153	INDIRECT	PR-F	\$ 266								\$								\$								\$								\$								\$								\$								\$				
Appropriation	Source	Revenue Type					Amount	New Positions		Existing Positions																																																																												
			No. (FTE)	Type	No. (FTE)	Type																																																																																
151	FEDERAL	PR-F	\$ 105,676			1.02	Perm.																																																																															
153	INDIRECT	PR-F	\$ 266																																																																																			
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			\$																																																																																			
<p>15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .0075 Base \$35,417 Amount 266 <input checked="" type="checkbox"/> No</p>																																																																																						
<p>16 Authorizations <input checked="" type="checkbox"/> Delegated Review</p>	<p>Authorized Agency Representative (Type or Print) Kathie Grove Signature <i>Kathie Grove</i></p>	<p>Title if other than Agency Secretary Budget Analyst Date 5-29-96</p>																																																																																				
<p>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</p>																																																																																						
<p>Reviewing Analyst <i>Orlando Corto</i> Phone <i>608-266-1103</i> SAI Number <i>WI960605-109-1</i> Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date Received <i>6-5-96</i> Signature _____ Date _____ Date Due <i>Sept. 17</i> COMMENTS: _____</p>																																																																																						

205
X)

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration
Form OGA-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

Centers for Disease Control & Prevention

1 Applicant Agency WI Department of Health & Social Services	2 CFDA # <u>93-283</u>	3 Agency L.D. (Optional)
---	------------------------	--------------------------

4 Address (Street/City/State/Zip) 1 West Wilson Street Post Office Box 309, Madison WI 53701-0309 Contact Person Jay Goldring Phone 266-7480	5 Federal Agency to Receive Request U.S. Centers for Disease Control	6 Period of Funding Mo/Day/Year 10/01/96 09/30/97	7 Application Due Date Mo/Day/Year 05/31/96
--	---	---	---

8 Agency Project Title Community-based Asthma Intervention Demonstration Program	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>WI EO</i>	10 Area of Impact Counties/States Milwaukee
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 _____		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$100,000</u>				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 100,000	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

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

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 7-9546 SAI Number WI 960606-112-1
 Recommendation: Approve Approve With Conditions Deny Date Received 6-6-96
 Signature _____ Date _____ Date Due Del.

COMMENTS:

93
28:
44

7/10 - Sue Cor...

H-815-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Health Program for Toxic Substances + Disease Registry

1 Applicant Agency WI Department of Health & Social Services		2 CFDA # <u>9.3.1.6.1</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Room 96 Madison, WI 53703-3044 Contact Person Henry Anderson, M.D. Phone (608)266-1258		5 Federal Agency to Receive Request Agency for Toxic Substances and Disease Registry		7 Application Due Date Mo/Day/Year 06/07/96	
8 Agency Project Title Consortium for the Health Assessment of Great Lakes Sport Fish Consumption		6 Period of Funding Mo/Day/Year 09/30/96		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI</u> <u>EO</u>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Coop Agreement</u>		10 Area of Impact Counties/States <u>Statewide</u>	
13 Number of Years Previously Funded <u>4</u>		14 Funding, Allotment and Position Data (including Federal indirect costs)			

Total Federal Funds Applied For \$592,446

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 592,446			1	Project
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 14.1% Base \$32,176 Amount \$4,537 No

16 Authorizations
 Delegated Review
Authorized Agency Representative (Type or Print)
Richard Lorang
Signature Richard Lorang
Title if other than Agency Secretary
Deputy Secretary
Date 6-6-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Jablonsky Phone _____ SAI Number WF960614-116-N
 Recommendation: Approve Approve With Conditions Deny Date Received 6-14-96
 Signature _____ Date _____ Date Due Del.

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

True copy ✓

9316
X

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

June 27, 1996

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

State Energy Program, State
Application Identifier Number
WI960618-119-N81041XX


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 FORM

H-814-1

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

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

State Grants Projects
Injury Prevention & Control Research

1 Applicant Agency: Department of Health and Family Services
 2 CFDA #: 93.136
 3 Agency I.D. (Optional):
 4 Address (Street/City/State/Zip): Division of Health, Bureau of Public Health, Madison, WI 53703-3044
 5 Federal Agency to Receive Request: Centers for Disease Control
 6 Period of Funding (Mo/Day/Year): 9/30/96
 7 Application Due Date (Mo/Day/Year): 06/10/96
 8 Agency Project Title: Wisconsin Firearm Injury Surveillance Program
 9 Executive Order 12372 Review Required: Yes No
 10 Area of Impact (Counties/States): Statewide
 11 Type of Application: New Grant, Amendment to Current Grant, Continuation-Unchanged, Continuation-Modified
 12 Type of Assistance: Grant, Formula, Discretionary, Other
 13 Number of Years Previously Funded: 2 years
 14 Funding, Allotment and Position Data (including Federal indirect costs):
 Total Federal Funds Applied For: 157,095

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PR-F	\$ 157,095			1.50	PERM
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement: Yes Rate: 1.40 Base Salaries Amount: 8,517 No

16 Authorizations: Authorized Agency Representative (Type or Print): Richard W. Lorang Title if other than Agency Secretary: Deputy Secretary
 Delegated Review Signature: [Signature] Date: 6-10-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Due Johnson* Phone: *7-9586* SAI Number: *WI960620-124-N*
 Recommendation: Approve Approve With Conditions Deny Date Received: *6-20-96* 9313E
 Signature: _____ Date: _____ Date Due: *Jul* XX

COMMENTS:

H-313-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Occupational Safety & Health Research Grants

1 Applicant Agency DHSS/DOH/BPH	2 CFDA # 93.262	3 Agency L.L.(Optional)
---	------------------------	-------------------------

4 Address (Street/City/State/Zip) 1414 E. Washington Avenue, Room 112 Madison, WI 53703 Contact Person Jerry Moen Phone 608/266-8579	5 Federal Agency to Receive Request C.D.C	7 Application Due Date Mo/Da/Yr 6/13/96
	6 Period of Funding Mo/Da/Yr 9/30/96 9/29/97	

8 Agency Project Title Sentinel Event Notification Surveillance of Occupational Risk	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed EO	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 checked="" type="checkbox"/> Discretionary Other _____
---	--

13 Number of Years Previously Funded _____

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

Total Federal Funds Applied For \$100,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149/374/790	Federal	PR-F	\$ 100,000			.7	PHN-3
			\$.			.4	Eng.
			\$.				
			\$.				
			\$.				
			\$.				
			\$.				
			\$.				

15 Indirect Cost Reimbursement
 Yes Rate 14.1 Base 49,544 Amount 6,986 No

16 Authorizations <input 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 6-10-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Aue Gallowsky* Phone *7-9546* SAI Number *WI960620-126 NC*

Recommendation: Approve Approve With Conditions Deny Date Received *6-20-96* *262x*

Signature _____ Date _____ Date Due *6/21*

COMMENTS:

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

A-816-1

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

TSCA Title IV State Lead Grants

1 Applicant Agency Department of Health and Social Services		2 CFDA # <u>66-707</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Rm. 112 Madison WI 53703		5 Federal Agency to Receive Request U.S. Environmental Protection Agency	
Contact Person Perry J. Manor Phone (608)267-2297		6 Period of Funding Mo/Day/Year Oct. 01, 96 Sept. 30, 97	7 Application Due Date Mo/Day/Year 06/10/96
8 Agency Project Title EPA Lead Accreditation/Certification Community Outreach and Surveillance		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>ec</u>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		
13 Number of Years Previously Funded <u>Two (2)</u>		10 Area of Impact Counties/States <u>Statewide</u>	
14 Funding, Allotment and Position Data (including Federal indirect costs)			

Total Federal Funds Applied For \$454,350

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 454,350			3	2 TO-2 1 PA-2
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 14.1% Base \$106,500 Amount \$15,015 No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u>	Title if other than Agency Secretary <u>Deputy Secretary</u>
Signature <i>Richard W. Lorang</i>	Date <u>6-5-96</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Dave Gaffney Phone 7-9546 SAI Number WT960620-130

Recommendation: Approve Approve With Conditions Deny

Signature _____ Date _____ Date Received 6-20-96 Date Due 7-3-96

COMMENTS: Del *

N66
N07
X X

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

H-786-1

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency <i>Health and Social Services</i>	2 CFDA # <u>93.977</u>	3 Agency I.D. (Optional)																																																																																												
4 Address (Street/City/State/Zip) <i>1414 E. Washington Ave. Madison, WI 53703-3044</i> Contact Person <i>Anthony Wade</i> Phone <i>266-2854</i>	5 Federal Agency to Receive Request <i>Centers for Disease Control & Prevention</i>																																																																																													
6 Period of Funding Mo/Day/Year <i>9/1/96 - 12/31/96</i>		7 Application Due Date Mo/Day/Year <i>June 20, 1996</i>																																																																																												
8 Agency Project Title <i>Sexually Transmitted Disease Program</i>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No WI EO</i> _____ All																																																																																												
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <i>CO OD-agree</i>																																																																																													
13 Number of Years Previously Funded <i>20</i>																																																																																														
14 Funding, Allotment and Position Data (including Federal indirect costs) <p>Total Federal Funds Applied For <u>\$25,000</u></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><i>149</i></td> <td><i>Federal</i></td> <td><i>PR - F</i></td> <td><i>\$ 25,000</i></td> <td></td> <td></td> <td><i>8.55 FTE</i></td> <td><i>Perm</i></td> </tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	<i>149</i>	<i>Federal</i>	<i>PR - F</i>	<i>\$ 25,000</i>			<i>8.55 FTE</i>	<i>Perm</i>				\$								\$								\$								\$								\$								\$								\$								\$								\$				
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15 Indirect Cost Reimbursement
 Yes Rate _____ Base _____ Amount _____ No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <i>Richard W. Lorang</i> Signature <i>[Signature]</i>	Title if other than Agency Secretary <i>Deputy Secretary</i> Date <i>6-17-96</i>
--	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Aue Jablonsky* Phone *7-9546* SAI Number *WI 960624-140*

Recommendation: Approve Approve With Conditions Deny Date Received *6-24-96*

Signature _____ Date _____ Date Due *Jul.*

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

N93
977
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DCA-7020(R12/92)

Federal-State Relations Office
101 E. Wilson Street, 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/257-2125

Temporary child care & crisis nurseries

1 Applicant Agency Department of Health and Social Services		2 CFDA # <u>93.656</u>		3 Agency I.D. (Optional)																																																																																					
4 Address (Street/City/State/Zip) Division of Community Services 1 West Wilson Madison, WI 53707 Contact Person Ruby Snowden Phone (414) 227-4613		5 Federal Agency to Receive Request DHHS-ACF		7 Application Due Date Mo/Day/Year 6-14-96																																																																																					
8 Agency Project Title La Causa Family Center-Respite Day Care		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EO</i>		10 Area of Impact Counties/States Milwaukee County																																																																																					
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 _____																																																																																							
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No																																																																																									
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u> Signature <i>Richard W. Lorang</i>		Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>6-10-96</u>																																																																																					

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Dorchen Fossan Phone 6-2288 SAI Number WI 960624-139

Recommendation: Approve Approve With Conditions Deny Date Received 6-24-96

Signature _____ Date _____ Date Due Jul

*656
44*

COMMENTS:

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

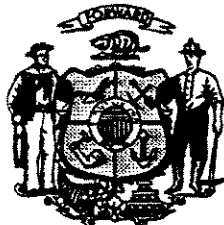
Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 50)

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

<p>1 Applicant Agency Dept. of Industry, Labor & Human Relations</p>	<p>2 17.801 & CFDA # 17.804</p>	<p>3 Agency I.D. (Optional)</p>																																																																																				
<p>4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Jack Bischel Phone 267-7277</p>	<p>5 Federal Agency to Receive Request U. S. Dept. of Labor</p> <p>6 Period of Funding Mo/Day/Year 10/01/96 09/30/97</p> <p>7 Application Due Date Mo/Day/Year 07/05/96</p>																																																																																					
<p>8 Agency Project Title Disabled Veterans Outreach Program (DVOP) Local Veterans Employment Representative (LVER)</p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>WI EO</i></p>	<p>10 Area of Impact Counties/States Statewide</p>																																																																																				
<p>11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other</p>																																																																																					
<p>13 Number of Years Previously Funded More than 5 Yrs. All</p>																																																																																						
<p>14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$3,694,000</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>E1 (151)</td> <td>Federal</td> <td>PR-F</td> <td>\$ 3,684,667</td> <td></td> <td></td> <td>56.0</td> <td>Perm.</td> </tr> <tr> <td>E3 (153)</td> <td>Federal</td> <td>PR-F</td> <td>\$ 9,333</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	E1 (151)	Federal	PR-F	\$ 3,684,667			56.0	Perm.	E3 (153)	Federal	PR-F	\$ 9,333								\$								\$								\$								\$								\$								\$								\$				
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<p>15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .50% Base \$1,866,732 Amount \$9,333 <input type="checkbox"/> No</p>																																																																																						
<p>16 Authorizations <input checked="" type="checkbox"/> Delegated Review</p>		<p>Authorized Agency Representative (Type or Print) Debbie Benish Signature <i>Debbie Benish</i> Date 6/21/96</p> <p>Title if other than Agency Secretary Budget Analyst</p>																																																																																				
<p>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</p>																																																																																						
<p>Reviewing Analyst <i>Orlando Cotto</i> Phone 6-1103</p> <p>Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny</p> <p>Signature _____ Date _____</p> <p>COMMENTS:</p>		<p>SAI Number <i>WI 960626-143-1</i></p> <p>Date Received <i>6-26-96</i></p> <p>Date Due <i>9-26-96</i></p>																																																																																				

5480

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

July 9, 1996

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

Program to Build Capacity to Conduct Site
Specific Activities, State Application
Identifier Number WI960620-125-N93200XX

Dear Secretary Lekan:

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".

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-817-1

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 608/257-2125

*Environmentally Hazardous Substances
Educating Health Professionals Re:*

1 Applicant Agency: Wisconsin Dept of Health & Social Services
2 CFDA #: 93-200
3 Agency I.D. (Optional):
4 Address (Street/City/State/Zip): PO Box 319 1 W Wilson Stret, Madison WI 53701-0309
5 Federal Agency to Receive Request: Agency for Toxic Substance & Disease Registr
6 Period of Funding Mo/Day/Year: 9/29/96
7 Application Due Date Mo/Day/Year: 6/14/96

8 Agency Project Title: Program to Build Capacity to conduct Site Specific Activities
9 Executive Order 12372 Review Required: Yes No
10 Area of Impact Counties/States: Statewide
11 Type of Application: New Grant, Amendment to Current Grant, Continuation-Unchanged, Continuation-Modified
12 Type of Assistance: Grant, Formula, Discretionary, Other: EO
Clearinghouses Notified: No WI

13 Number of Years Previously Funded: 9
14 Funding, Allotment and Position Data (including Federal indirect costs): Total Federal Funds Applied For: 477,676

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 477,676			6	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement: Yes Rate: 14.1 Base: 254,881 Amount: 35,938 No

16 Authorizations: Authorized Agency Representative (Type or Print): Richard Lorang, Title: Deputy Secretary
 Delegated Review: Signature: Richard Lorang, Date: 6.13.96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Sue Jablonsky Phone: 7-9586 SAI Number: WF960620-125-N
Recommendation: Approve Approve With Conditions Deny Date Received: 6-20-96
Signature: S. Jablonsky Date: 7/2/96 Date Due: 7-3-96

9320 X

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

July 10, 1996

Richard C. Wegner, Acting Secretary
Department of Workforce Development
201 E. Washington Avenue
PO Box 7946
Madison, WI 53707-7946

Child Care and Development Block
Grant, State Application Identifier
Number WI960708-149-N93575XX

Dear Acting Secretary Wegner:

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 circular stamp.

James R. Klauser
Secretary

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

1 Applicant Agency DEPARTMENT OF WORKFORCE DEVELOPMENT	2 CFDA # <u>93.575</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 201 E. Washington Ave Madison, WI 53703 Contact Person Kay Hendon Phone 266-8200	5 Federal Agency to Receive Request Admin. for Children & Families, DH&HS	6 Period of Funding Mo/Day/Year 9/30/96 9/30/99
8 Agency Project Title Child Care & Development Block Grant	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed EO	7 Application Due Date Mo/Day/Year July 1, 1996 10 Area of Impact Counties/States Statewide
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded <u>5</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$14,006,880</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	New Positions Type	Existing Positions No. (FTE)	Existing Positions Type
345	FED	PR-F	\$1,224,500	—	—	3.0	Perm
347	FED	PR-F	\$12,782,380				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

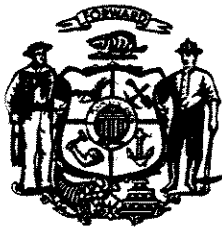
15 Indirect Cost Reimbursement
 Yes Rate _____ Base _____ Amount _____ No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Dan Ryan Signature 	Title if other than Agency Secretary Budget Analyst Date 7/2/96
---	---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Orlando Costa</u> Phone <u>10-1103</u>	SAI Number <u>WI 960708-149-N93</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>7-8-96</u>	575X
Signature <u>Jim Day</u> Date <u>7/9/96</u>	Date Due <u>7-22-96</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

July 10, 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 (Two by Four by Eight: Fostering Resiliency
through Service Learning), State Application Identifier
Number WI960628-146-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, 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

*Community Based Programs
Learn & Serve America - School*

1 Applicant Agency Wisconsin Dept of Public Instruction	2 CFDA # <u>94.004</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) Po Box 7841 Madison WI 53707-7841 Contact Person Stanley J. Potts Phone 608 266-3569	5 Federal Agency to Receive Request Corporation for National and Community Service	
	6 Period of Funding Mo/Day/Year Oct 1 1996 Sept 30, 1999	7 Application Due Date Mo/Day/Year June 14 1996
8 Agency Project Title <u>Two by Four by Eight::Fostering Resiliency through Service-Learning</u>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>hsjed ES</i> All	10 Area of Impact Counties/States Wisconsin
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Other	
13 Number of Years Previously Funded <u>0</u>		

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

Total Federal Funds Applied For \$200,000 Year I \$600,000 over 3 years

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	Federal	\$ 200,000				
101	State	State	\$ 21,111 21,111				
<i>OTHER</i>	<i>STATE</i>	<i>STATE</i>	\$ 21,111				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 6.3% Base \$10,000 Amount \$630.00 No

16 Authorizations

<input type="checkbox"/> Delegated Review <i>Fahnk</i>	Authorized Agency Representative (Type or Print) John T. Benson Signature <i>John T. Benson</i>	Title if other than Agency Secretary State Superintendent Date 6/8/96
---	--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *[Signature]* Phone 6-1923 SAI Number WI960628-146-N
 Recommendation: Approve Approve With Conditions Deny Date Received 6-28-96
 Signature *[Signature]* Date 7/1/96 Date Due 7-12-96

COMMENTS:

✓
 500
 96
 004
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STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

July 12, 1996

Jude Morse, Executive Director
Child Abuse and Neglect Prevention Board
Children's Trust Fund
110 East Main Street, Suite 614
Madison, WI 53703

Community-Based Family Resource
Program, State Application Identifier
Number WI960712-156-N00000XX

Dear Ms. Morse:

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". The signature is written in a cursive style and is positioned above the typed name and title.

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

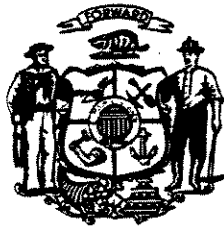
Federal-State Relations Office
101 E. Wilson Street, 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

1 Applicant Agency Child Abuse and Neglect Prevention Board		2 CFDA # <u>N.A.</u>	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) Children's Trust Fund 110 East Main Street, Suite 614 Madison, Wisconsin 53703 Contact Person: <u>Jude Morse, Executive Director</u> Phone: <u>266-3737</u>		5 Federal Agency to Receive Request					
8 Agency Project Title Community-Based Family Resource Program Grant		6 Period of Funding Mo/Day/Year 10-1-96 9-30-97	7 Application Due Date Mo/Day/Year July 16, 1996				
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No CFDA#</u>					
12 Type of Assistance <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input type="checkbox"/> Other		10 Area of Impact Counties/States Statewide					
13 Number of Years Previously Funded _____							
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For _____							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
199 & 198	Federal	PR-F	\$ to be determined	10	PRF		
			\$	<u>SAF</u>			
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature: <u>[Signature]</u>		Title if other than Agency Secretary Deputy Secretary Date: <u>7-11-96</u>			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst: <u>[Signature]</u> Phone _____				SAI Number: <u>WI 960912-156</u>			
Recommendation: <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received: <u>7-12-96</u>			
Signature: <u>[Signature]</u> Date: <u>7/12/96</u>				Date Due: <u>7-16-96</u>			

NO 000 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

July 16, 1996

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

Centers for Disease Control and Prevention
Investigations and Technical Assistance (Wisconsin
FACE Program), State Application Identifier Number
WI960712-155-N93283XX

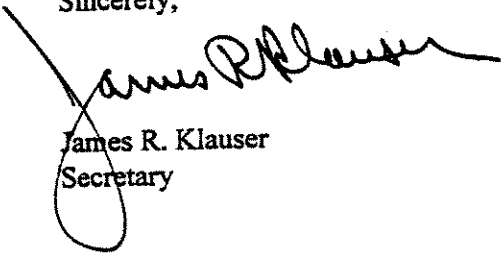
Dear Secretary Leean:

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,


James R. Klauser
Secretary

H-818-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration
Form OGA-7020 (R 5-85)
(Formerly FDA 50)

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

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

1 Applicant Agency DHFS/Div. of Health/Bureau of Public Health		2 CFDA # <u>93-283</u>	3 Agency LTR (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Avenue Madison, WI 53702		5 Federal Agency to Receive Request Centers for Disease Control	
Contact Person Terry Moen Phone <u>608/266-8579</u>		6 Period of Funding Mo/Day/Year <u>10/01/96</u> <u>09/30/97</u>	7 Application Due Date Mo/Day/Year <u>07/11/96</u>

8 Agency Project Title <u>Wisconsin FACE Program</u>		9 Executive Order 12172 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10 Area of Impact Counties/States <u>Statewide</u>
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Coop. Agreement</u>	Clearinghouses: Notified Dates <u>No WI</u> <u>EO</u> All	

13 Number of Years Previously Funded <u>5</u>							
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$87,750</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PR-F	\$ 87,750			1.2	Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

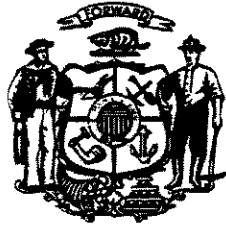
15 Indirect Cost Reimbursement
 Yes Rate 14.1% Base \$47,251 Amount \$6,662 No

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Richard W. Lorange</u> Signature <u>[Signature]</u>	Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>7-9-96</u>
---	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Due Jablonka</u> Phone <u>7-9546</u>	S&I Number <u>WI960712-155</u>	<u>N9</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>7-12-96</u>	<u>28</u>
Signature <u>S. Jablonka</u> Date <u>7/15/96</u>	Date Due <u>7-26-96</u>	<u>27</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

July 16, 1996

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

Promotion of the Humanities-Division of
Preservation and Access (The African-American
Press Preservation Project), State Application
Identifier Number WI960708-148-N45149XX

Dear Dr. Muller:

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

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

Div. of Preservation & Access
Promotion of the Humanities

1 Applicant Agency State Historical Society of Wisconsin		2 CFDA # 45.149	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 816 State Street Madison, WI 53706		5 Federal Agency to Receive Request National Endowment for the Humanities	
Contact Person James Danky Phone 4-6598		6 Period of Funding Mo/Day/Year 5-1-97 4-30-99	7 Application Due Date Mo/Day/Year 7-1-96
8 Agency Project Title The African-American Press Preservation Project		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates no fed EO	
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		10 Area of Impact Counties/States WI, United States	

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For \$332,067							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
141	Federal	PR-F	\$ 332,067	2.50	Project		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate **13.31%** Base **293,061** Amount **39,006** No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) ROBERT THOMPSON JR.	Title if other than Agency Secretary ACTING DIRECTOR
	Signature <i>[Signature]</i>	Date JUNE 28, 1996

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Orlando Canto* Phone *6-1103* SAI Number *WI960708-148-N45*

Recommendation Approve Approve With Conditions Deny Date Received *7-8-96*

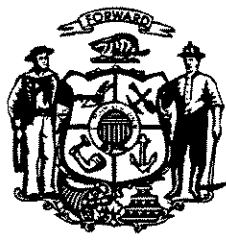
Signature *[Signature]* Date *7/15* Date Due *9-22-96*

149
XX

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

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



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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

July 22, 1996

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

Crime Victim Assistance/Discretionary Grants
(Regional Technical Assistance Meetings for State
VOCA Administrators), State Application Identifier
Number WI960716-162-N16582XX

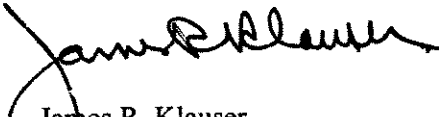
Dear Attorney General Doyle:

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,


James R. Klauser
Secretary

Grants
Crime Victim Assistance/Discretionary

1 Applicant Agency Department of Justice		2 CFDA # <u>16-582</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 222 State Street, 3rd floor Madison WI 53703 Contact Person Gillian Nevers Phone (608) 264-6289		5 Federal Agency to Receive Request US Department of Justice		7 Application Due Date Mo/Day/Year 07/15/96	
8 Agency Project Title Regional Technical Assistance Meetings For State VOCA Administrators		6 Period of Funding Mo/Day/Year 10/01/96 09/30/97		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 _____		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed. EO</u> All	
13 Number of Years Previously Funded <u>0</u>		14 Funding, Allotment and Position Data (including Federal indirect costs)			

Total Federal Funds Applied For \$8,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<u>542</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 8,000</u>				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 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 6/11/96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Mike Heitold Phone 7-0370 SAI Number WI960716-162-N16
Recommendation: Approve Approve With Conditions Deny Date Received 7-16-96
Signature Mike Heitold Date 7-17-96 Date Due 7-30-96 582X

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

July 22, 1996

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

Helping Local Officials in Wisconsin Understand and
Meet their Obligations under Title II-ADA, State
Application Identifier Number WI960715-159-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 that reads "James R. Klauser". The signature is written in a cursive style and is positioned above the printed name and title.

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency State of Wisconsin Department of Health & Family Services	2 CFDA # _____	3 Agency I.D. (Optional)					
4 Address (Street/City/State/Zip) 1 West Wilson St., Rm 558, P.O. Box 7850 Madison WI 53707-7850 Contact Person Paul A. Yochum Phone 608/266-5378	5 Federal Agency to Receive Request Department of Justice						
	6 Period of Funding Mo/Day/Year 10/1/96 - 9/30/97 I year	7 Application Due Date Mo/Day/Year 7/22/96					
8 Agency Project Title Helping local officials in WI understand & meet their obligations under Title II-ADA	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No CFDA#						
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States Statewide					
13 Number of Years Previously Funded None							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$40,000.00							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
620	Federal	PR-F	\$ 40,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 5% Base \$38,905 Amount \$1,905 <input type="checkbox"/> No							
16 Authorizations not delegated <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard Lorang Signature			Title if other than Agency Secretary Deputy Secretary Date 7-11-96		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>C. Catherine Fossheim</u>				SAI Number <u>WI 960715-159-No.</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <u>7-15-96</u>			
Signature <u>Janet A. Luceum</u> Date <u>7/19/96</u>				Date Due <u>7/18 (!)</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

July 23, 1996

Lee Martinson, Administrator
Division of Housing
Department of Administration
101 E. Wilson Street, PO Box 8944
Madison, WI 53708-8944

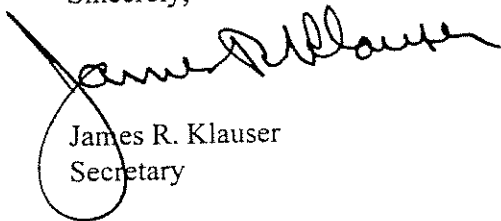
Lead Based Paint Hazard Control
Program, State Application Identifier
Number WI960711-153-N14900XX

Dear Mr. Martinson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to 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
DO-7020(R12/92)

Federal-State Relations Office
101 E. Wilson Street, 6th Floor
P.O. Box 7968
Madison, WI 53707-7968
Telephone 608/267-2125

1 Applicant Agency DOA/Division of Housing			2 CFDA # <u>14-900</u>																																																																									
4 Address (Street/City/State/Zip) 101 E. Wilson St, 4th Floor Madison, WI Contact Person Gary Gorlen or Carl Saueressig Phone: 6-6789 6-2445			5 Federal Agency to Receive Request U.S. Housing & Urban Development																																																																									
8 Agency Project Title <u>Lead Based Paint Hazard Control Program</u> <u>in Public Housing</u>			6 Period of Funding Mo/Day/Year <u>1/1/97</u> <u>12/31/98</u>	7 Application Due Date Mo/Day/Year <u>7/28/96</u>																																																																								
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified			12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input type="checkbox"/> Other	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No JED E</u>																																																																								
13 Number of Years Previously Funded			10 Area of Impact Counties/States <u>statewide</u>																																																																									
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$3,000,000 (2-year grant)</u> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Appropriation</th> <th style="width: 15%;">Source</th> <th style="width: 15%;">Revenue Type</th> <th style="width: 15%;">Amount</th> <th style="width: 10%;">New Positions No. (FTE)</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Existing Positions No. (FTE)</th> <th style="width: 10%;">Type</th> </tr> </thead> <tbody> <tr> <td>1F</td> <td>Fed</td> <td>PR-F</td> <td>\$2,992,954</td> <td>1.5</td> <td>Perm</td> <td></td> <td></td> </tr> <tr> <td>1F</td> <td>Fed</td> <td>Indirect</td> <td>\$ 7,046</td> <td></td> <td></td> <td><u>66</u></td> <td></td> </tr> <tr> <td>Y7</td> <td>Match</td> <td>GPR</td> <td>\$ <u>67,000</u></td> <td></td> <td></td> <td><u>65</u></td> <td>Perm</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 No. (FTE)	Type	Existing Positions No. (FTE)	Type	1F	Fed	PR-F	\$2,992,954	1.5	Perm			1F	Fed	Indirect	\$ 7,046			<u>66</u>		Y7	Match	GPR	\$ <u>67,000</u>			<u>65</u>	Perm				\$								\$								\$								\$								\$				
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15 Indirect Cost Reimbursement: <input checked="" type="checkbox"/> Yes Rate <u>6.4%</u> Base <u>\$110,095</u> Amount <u>\$7,046</u> <input type="checkbox"/> No																																																																												
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>Lee Martinson</u> Signature <u>[Signature]</u>		Title if other than Agency Secretary Administrator, DOH Date <u>7/8/96</u>																																																																								
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																												
Reviewing Analyst <u>Pam Henning</u> Phone <u>7-0371</u>		SAI Number <u>WD960711-153</u>																																																																										
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>7-11-96</u>																																																																										
Signature <u>Pamela S Henning</u> Date <u>7-16-96</u>		Date Due <u>7-29-96</u>																																																																										

14

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

July 24, 1996

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

Aquatic Plant Control (Buffalo Lake Plant
Project), State Application Identifier
Number WI960625-141-N12100YY

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.

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

Call Ed

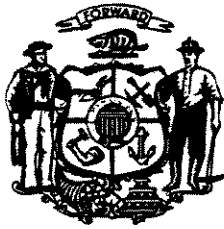
Hr. Logged

1 Applicant Agency Department of Natural Resources		2 CFDA# 12-100	3 Agency ID: (Optional) 72																																																																				
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. Army Corps of Engineers																																																																					
6 Period of Funding Mo/Day/Year 06/01/96 12/31/96		7 Application Due Date Mo/Day/Year 07/01/96																																																																					
8 Agency Project Title Buffalo Lake Plant Project <i>Aquatic Plant Control</i>		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>needs WI EO</i>																																																																					
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																																					
13 Number of Years previously funded: 7		10 Area of Impact Counties/States Marquette County East-Central Wisconsin																																																																					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$20,000</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>\$1,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Local</td> <td>Local</td> <td>Local</td> <td>\$20,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>443</td> <td>Federal</td> <td>PR-F</td> <td>\$15,545</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fed. In-Kind</td> <td>Federal</td> <td></td> <td>\$3,455</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	\$1,000					Local	Local	Local	\$20,000					443	Federal	PR-F	\$15,545					Fed. In-Kind	Federal		\$3,455								\$								\$								\$				
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			\$																																																																				
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base \$0 Amount \$0 <input type="checkbox"/> No																																																																							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Francis M. Fennessy Signature <i>Francis M. Fennessy</i> Date <i>June 20, 1996</i>																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																							
Reviewing Analyst <i>Russell Commins</i> Phone <i>6-7329</i>		SAI Number <i>WI960625-141-N</i>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>6-25-96</i>																																																																					
Signature <i>Russell Commins</i> Date <i>6/26/96</i>		Date Due <i>6-28-96</i>																																																																					

12100
44

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

July 25, 1996

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

National Recreation Trails Funding
Program, State Application Identifier
Number WI960531-100-N20219XX

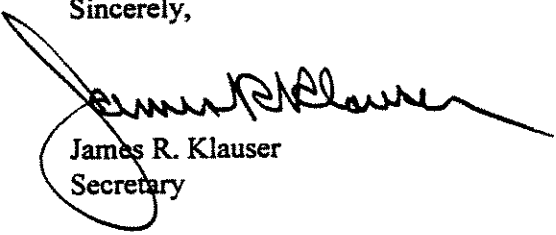
Dear Mr. Bazzell:

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)

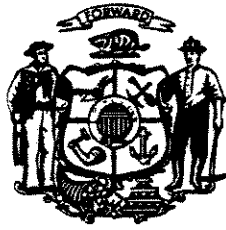
Federal-State Relations Office
101 S. Webster St., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone (608) 267-2125

1 Applicant Agency Department of Natural Resources			2 CFDA# 20.219		3 Agency I.D. (Optional) Federal Highway Administration: 705																																																																			
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Larry Freidig Phone 608/266-5897			5 Federal Agency to Receive Request Federal Highway Administration			6 Period of Funding Mo/Day/Year 10/1/95 9/30/99																																																																		
7 Application Due Date Mo/Day/Year 6/1/96			8 Agency Project Title <u>Funding Program</u> <u>National Recreation Trails Act Projects</u>		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO WT</u> <u>ED</u>																																																																			
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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:																																																																				
13 Number of Years previously funded:			x <u>5-28-96</u> AE																																																																					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$289,067</u>																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Numeric</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>Appropriation</th> <th>Source</th> <th>Revenue Type</th> <th>Amount</th> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Federal</td> <td>PR-F</td> <td>\$288,141</td> <td align="center" rowspan="7" style="border: 2px solid black; border-radius: 50%;">0.18</td> <td>Proj</td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$926</td> <td></td> <td></td> <td></td> </tr> <tr> <td>561</td> <td>State</td> <td>SEG</td> <td>\$7,634</td> <td></td> <td></td> <td></td> </tr> <tr> <td>861</td> <td>State</td> <td>SEG</td> <td>\$1,839</td> <td></td> <td></td> <td></td> </tr> <tr> <td>161</td> <td>State</td> <td>SEG</td> <td>\$7,227</td> <td></td> <td></td> <td></td> </tr> <tr> <td>370</td> <td>State</td> <td>SEG</td> <td>\$7,226</td> <td></td> <td></td> <td></td> </tr> <tr> <td>107</td> <td>State</td> <td>GPR</td> <td>\$84,844</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric				New Positions		Existing Positions		Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type	445	Federal	PR-F	\$288,141	0.18	Proj			846	Federal	PR-F	\$926				561	State	SEG	\$7,634				861	State	SEG	\$1,839				161	State	SEG	\$7,227				370	State	SEG	\$7,226				107	State	GPR	\$84,844				15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$11,481</u> Amount <u>\$2,765</u> <input type="checkbox"/> No		
Numeric				New Positions		Existing Positions																																																																		
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107	State	GPR	\$84,844																																																																					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Franc M. Fennessy Signature <u>Franc M. Fennessy</u>			Title if other than Agency Secretary Administrator - Management Services Date <u>May 21, 1996</u>																																																																			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																								
Reviewing Analyst: <u>Russ Rommel</u> <u>Kirsten Grinde</u>			Phone: <u>6-7329</u>		SAI Number: <u>WI 960531-100-N 20</u>																																																																			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received: <u>5-31-96</u>		219																																																																			
Signature: <u>Kirsten Grinde</u>			Date: <u>7/25/96</u>		Date Due: <u>6-3-96</u> XX																																																																			

Att. Rogsd

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

July 25, 1996

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

FY'96 Consolidated Pesticide Cooperative
Agreement (Amendment), State Application
Identifier Number WI960627-145-N66700XX

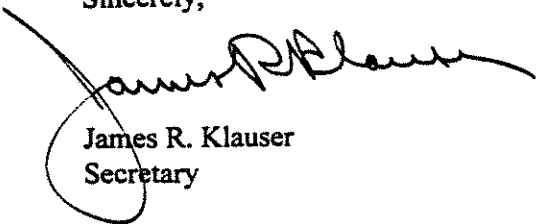
Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 1654, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The 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 100 X

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

AMENDMENT

WI 951209-323-N 66

State Application Identifier WI 950929-280-N 6670

1 Applicant Agency WI Dept. of Agriculture, Trade & Consumer Protection		2 CFDA # 66-700	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 2811 Agriculture Dr., P.O. Box 8911 Madison, WI 53708-8911		5 Federal Agency to Receive Request US EPA, Region 5	
Contact Person Ned Zuelsdorff Phone 608/224-4550		6 Period of Funding, Mo/Day/Year 10/01/95 09/30/96	7 Application Due Date Mo/Day/Year
8 Agency Project Title FY'96 Consolidated Pesticide Cooperative Agreement		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates Regional Planning 6-25-96 Commissions 6-25-96 DOA <i>needs WI</i> All	
10 Area of Impact Counties/States Statewide		11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other		13 Number of Years Previously Funded more than 10 years	

*At 5:11
logged*

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For 85,342 <i>additional amount EO</i>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
1F	Federal	PR-F	\$ 85,342				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Elizabeth Kohl	Title if other than Agency Secretary Deputy Secretary
	Signature <i>E Kohl</i>	Date 6/24/96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Russell Rasmussen* Phone *6-1329* SAI Number *WI 960627-145-N 66*

Recommendation: Approve Approve With Conditions Deny Date Received *6-27-96*

Signature *Russell Rasmussen* Date *7/2/96* Date Due *7-11-96*

700x

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

July 26, 1996

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

HIV Prevention (Evaluation), State
Application Identifier Number
WI960723-164-N93940XX

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,


James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

H-870-1
Federal-State Relations Office
101 E. Wilson Street, 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

1 Applicant Agency WI Dept. of Health and Family Services		2 CFDA # <u>93-940</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 W. Wilson St., P.O. Box 309 Madison, WI 53701-0309 Contact Person James M. Vergeront, M.D. Phone 266-9853		5 Federal Agency to Receive Request Centers for Disease Control and Prev.	
		6 Period of Funding Mo/Day/Year <u>9/30/96</u> <u>9/29/97</u>	7 Application Due Date Mo/Day/Year <u>7/31/96</u>
8 Agency Project Title <u>HIV Prevention (Evaluation)</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO WI</u> <u>EO</u> All	
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 _____		10 Area of Impact Counties/States <u>Statewide</u>	

14 Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For _____						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)
149	Federal	PRF	\$84,350	0		0
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u> Signature <u>[Signature]</u>	Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>7.23.96</u>
--	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

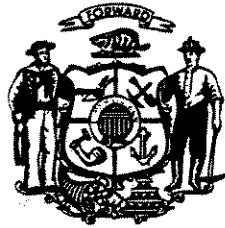
Reviewing Analyst Sue Jablonsky Phone 7-9546 SAI Number WI960723-16 940x

Recommendation: Approve Approve With Conditions Deny Date Received 7-23-96

Signature S. Jablonsky Date 7/25/96 Date Due 7-31-96

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 7868
Madison, WI 53707-7868

July 29, 1996

Ms. Cheryl Gest, Administrative Officer
Research Administration-Financial
University of Wisconsin-Extension
750 University Avenue, 4th Floor
Madison, WI 53706

Community Partnership Demonstration
Grant, State Application Identifier
Number WI960620-131-N93194ZZ

Dear Ms. Gest:

The Wisconsin Department of Administration, the State Grant Review Clearinghouse, has reviewed the application for federal funding assistance. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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

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

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 "Jeff Smith".

Jeff Smith, Section Chief
Federal-State Relations
Division of Energy and Intergovernmental Relations

2021/1/20

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> CSAP-Type <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 6-14-96	Applicant Identifier 144-FH84
	3. DATE RECEIVED BY STATE	State Application Identifier WI-96/620-W31-N9319
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Board of Regents of UW System	Organizational Unit: University of Wisconsin-Extension
Address (give city, county, state, and zip code): Research Admin. 750 University Avenue 4th Floor Madison, WI 53706	Name and telephone number of the person to be contacted on matters involving this application (give area code): Ellen Fitzsimmons 608-263-1095

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 39 - 6006492	7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. <input checked="" type="checkbox"/> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):
---	--

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93 - 194	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Establishing a Statewide Youth Futures Coalition in Rural Wisconsin
---	---

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Hillsboro, Northern Door County, Oconto Falls, Wisconsin Dells

Grants *Sauk Co., Columbia Co., Miss. R.R., BL R.R.*

13. PROPOSED PROJECT: Start Date: 9/30/96 Ending Date: 9/29/97	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 2nd b. Project: 3rd, 6th, 8th
---	--

15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$ 237,972</td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>.00</td></tr> <tr><td>c. State</td><td>\$</td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$ NA</td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>.00</td></tr> </table>	a. Federal	\$ 237,972	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$ NA	.00	g. TOTAL	\$.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>June 14, 1996</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 237,972	.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$ NA	.00																				
g. TOTAL	\$.00																				

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative Cheryl Gest	b. Title Administrative Officer	c. Telephone number 608-262-4880
d. Signature of Authorized Representative		e. Date Signed

cc: 608-2-4880 (partial App.)

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 7868
Madison, WI 53707-7868

July 29, 1996

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

Senior Community Service Employment
Program, State Application Identifier
Number WI960614-117-N17235XX

Dear Secretary Leean:

The Wisconsin Department of Administration, the State Grant Review Clearinghouse, has reviewed the application for federal funding assistance. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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

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

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 'Jeff Smith'.

Jeff Smith, Section Chief
Federal-State Relations
Division of Energy and Intergovernmental Relations

DCS-029

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Dept. of Health & Social Services			2 CFDA # <u>17 • 23.5</u>		3 Agency I.D. (Optional)		
4 Address (Street/City/State/Zip) 1 West Wilson Street P.O. Box 7851 - Madison, WI 53707			5 Federal Agency to Receive Request Federal Department of Labor				
Contact Person Fred Clark Phone (608) 266-4448			6 Period of Funding Mo/Day/Year 7/1/96		7 Application Due Date Mo/Day/Year 6/30/97		
8 Agency Project Title Senior Community Service Employment Program			9 Executive Order 42372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10 Area of Impact Counties/States Statewide		
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance <input type="checkbox"/> Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		Clearinghouses: Notified Dates Need WI			
13 Number of Years Previously Funded			X All 4/24/96				
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>1,915,493</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
658/758	Federal	PR-F	\$1,915,493			1.5	
601	State	GPR	\$20,000				
	Local	Cash/In-Kind	\$192,833				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>5.0%</u> Base <u>\$57,173</u> Amount <u>\$2,859</u> <input type="checkbox"/> No							
16 Authorizations		Authorized Agency Representative (Type or Print) Richard Lorang		Title if other than Agency Secretary Deputy Secretary			
<input checked="" type="checkbox"/> Delegated Review		Signature <i>[Signature]</i>		Date 6-10-96			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Dwight Fossa</u> Phone <u>6-2288</u>			SAI Number <u>WI960614-117-N</u>				
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received <u>6-14-96</u>				
Signature _____ Date _____			Date Due <u>Del.</u>				
COMMENTS:							
<input type="checkbox"/> Comment. Continued on Reverse or on a Separate Sheet <div style="text-align: right; margin-top: 20px;">6-17- partial to BA</div>							

17-N
17
235
XY

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 7868
Madison, WI 53707-7868

July 29, 1996

Richard C. Wegner, Acting Secretary
Department of Workforce Development
201 E. Washington Avenue
PO Box 7946
Madison, WI 53707-7946

Migrant and Seasonal Farmworker Program
(JTPA Section 402), State Application Identifier
Number WI960620-128-N17247XX

Dear Acting Secretary Wegner:

The Wisconsin Department of Administration, the State Grant Review Clearinghouse, has reviewed the application for federal funding assistance. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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

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

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 "Jeff Smith".

Jeff Smith, Section Chief
Federal-State Relations
Division of Energy and Intergovernmental Relations

Handwritten note: mailed 7-30

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

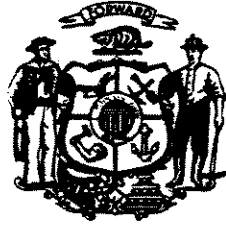
Federal-State Relations Office
101 S. Webster St., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

<p>1 Applicant Agency Dept. of Industry, Labor & Human Relations</p>	<p>2 CFDA # 1 7 . 2 4 7</p> <p>3 Agency I.D. (Optional) FED 05-97</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>6 Period of Funding Mo/Day/Year 07/01/96 06/30/97</p> <p>7 Application Due Date Mo/Day/Year 05/30/96</p>																																																																																				
<p>8 Agency Project Title <u>Application for JTPA Section 402 Migrant and Seasonal Farmworker Program.</u></p>	<p>9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cleaninghouses: Notified Dates <i>needs WI EO</i></p>																																																																																				
<p>11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified</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 7</p>	<p>All</p>																																																																																				
<p>14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$ 1,199,223</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>\$ 1,139,262</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>145</td> <td>Federal</td> <td>PR-F</td> <td>\$ 59,644</td> <td></td> <td></td> <td>1.11</td> <td>Perm</td> </tr> <tr> <td>153 Indirect</td> <td>Federal</td> <td>PR-F</td> <td>\$ 317</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	\$ 1,139,262					145	Federal	PR-F	\$ 59,644			1.11	Perm	153 Indirect	Federal	PR-F	\$ 317								\$								\$								\$								\$								\$								\$				
Appropriation	Source					Revenue Type	Amount	New Positions		Existing Positions																																																																											
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<p>15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .0075 of Salaries Base \$42,320 Amount \$317 <input type="checkbox"/> No</p>																																																																																					
<p>16 Authorizations <input checked="" type="checkbox"/> Delegated Review</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Authorized Agency Representative (Type or Print) Susan Huss</td> <td style="width: 70%;">Title if other than Agency Secretary Budget Analyst</td> </tr> <tr> <td>Signature <i>Susan Huss</i></td> <td>Date 6/11/96</td> </tr> </table>		Authorized Agency Representative (Type or Print) Susan Huss	Title if other than Agency Secretary Budget Analyst	Signature <i>Susan Huss</i>	Date 6/11/96																																																																																
Authorized Agency Representative (Type or Print) Susan Huss	Title if other than Agency Secretary Budget Analyst																																																																																				
Signature <i>Susan Huss</i>	Date 6/11/96																																																																																				

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Orlando Carato Phone 6-1103 SAI Number WI960620-128 NI
 Recommendation: Approve Approve With Conditions Deny Date Received 6-20-96 24
 Signature *[Signature]* Date 6/24/96 Date Due Set. X
 COMMENTS:

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



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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

July 29, 1996

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

Forestry Research (Development of an Index of
Biotic Integrity for Coolwater Streams), State
Application Identifier Number WI960712-154-N10652XX

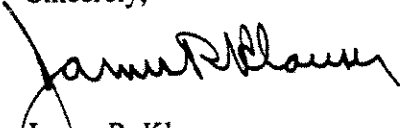
Dear Mr. Bazzell:

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

Forestry Research

1 Applicant Agency Department of Natural Resources				2 CFDA# 10652		3 Agency I.D. (Optional) <i>727</i>	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921				5 Federal Agency to Receive Request U.S. Dept. of Agriculture, Forest Service			
Contact Person John Lyons Phone 608-221-6328				6 Period of Funding Mo/Day/Year 9/1/96 6/30/99		7 Application Due Date Mo/Day/Year 7/30/96	
8 Agency Project Title Development of an Index of Biotic Integrity for Coolwater Streams				9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EO</i>		10 Area of Impact Counties/States Dane Co./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 checked="" type="checkbox"/> Discretionary Other:		13 Number of Years previously funded: 0 <i>7-11-96</i>			
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$10,007.00</u>							
				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
181	Federal	PR-F	\$9,004.00	1	LTE		
882	Indirect	Indirect	\$1,337.00				
161	State	State	\$3,001.00			1	Permanent
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$5,555.00</u> Amount <u>\$1,337.00</u> <input 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 <i>July 9, 1996</i>		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst: <i>(Slef.)</i> <i>Franc Fennessy</i>		Phone <u>6-7329</u>		SAI Number <u>WT 960712-154-NIC</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Franc Fennessy</i>		Date <u>7/26/96</u>		Date Received <u>7-12-96</u>	
		Date <u>7/26/96</u>		Date Due <u>7-26-96</u>		652 XX	
COMMENTS:							