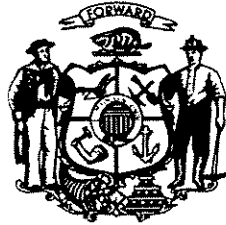


STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

September 9, 1996

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

Adoption Opportunities (Permanency for Children
in Care of Milwaukee County Placed in Non-Adjacent
Areas of Wisconsin), State Application Identifier
Number WI960828-216-N93652XX

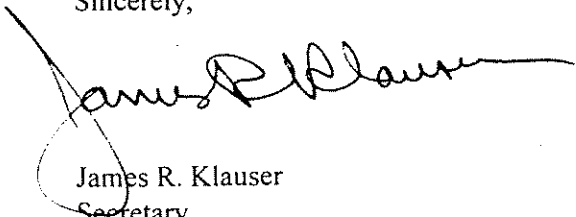
Dear Secretary Leean:

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 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

Adoption Opportunities 92

<p>1 Applicant Agency WI DHFS</p>	<p>2 CFDA # 39.652</p>	<p>3 Agency I.D. (Optional)</p>
<p>4 Address (Street/City/State/Zip) 1 W. Wilson St., P.O. Box 8916 Madison, WI 53708-8916</p> <p>Contact Person Karen Oghalai Phone 608-266-0690</p>	<p>5 Federal Agency to Receive Request H & HS</p>	
<p>8 Agency Project Title Permanency for children in care of Milwaukee Co. placed in non-adjacent areas of Wisconsin</p>		<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Clearinghouses: Notified Dates No Fed EO</p>
<p>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____</p>	<p>10 Area of Impact Counties/States Statewide</p>
<p>13 Number of Years Previously Funded N/A</p>		<p>14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$100,000</p>

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
341	federal	PR-F	\$ 100,000	1	proj.	0	N/A
In-kind	In-kind	March	\$ 10,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate **5%** Base **\$66,785** Amount **\$3,339** No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
Signature <i>[Signature]</i>	Date 8-22-96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst **Gretchen Fossum** Phone **608-267-2288** SAI Number **WI96028-216-1**

Recommendation: Approve Approve With Conditions Deny Date Received **8-28-96**

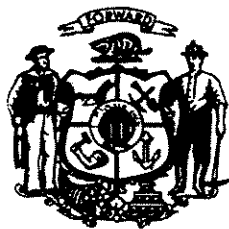
Signature **Gretchen A. Fossum** Date **9/1/96** Date Due **9-11-96**

COMMENTS:

*6-1
93
65*

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

September 11, 1996

Francis Fennessy, Administrator
Division of Administration and Technology
Department of Natural Resources
101 S. Webster Street, 5th Floor
Madison, WI 53702

Capitalization Grant for State Revolving
Funds, State Application Identifier Number
WI960830-223-N66458XX

Dear Mr. Fennessy:

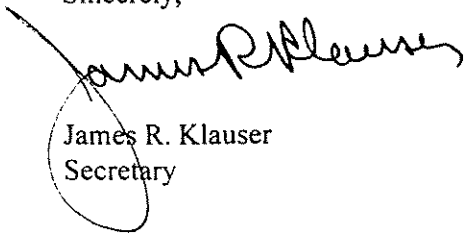
The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The 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

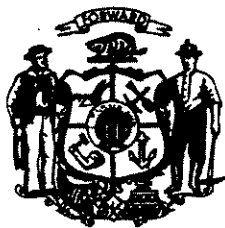
WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

1 Applicant Agency Department of Natural Resources			2 CFDA# 66.458		3 Agency I.D. (Optional) 756		
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921			5 Federal Agency to Receive Request Environmental Protection Agency				
Contact Person Alan L. Czeshinski Phone 608-266-0160			6 Period of Funding Mo/Day/Year 10/01/97 03/31/98		7 Application Due Date Mo/Day/Year 09/01/96		
8 Agency Project Title FY 96 SRF-Capitalization Grant <i>for State Revolving</i>			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10 Area of Impact Counties/States Statewide		
11 Type of Application <input type="checkbox"/> New Grant <input checked="" 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:		Clearinghouses: Notified Dates <i>needs out</i> <i>EO</i>			
13 Number of Years previously funded: 8			All: <i>8/28/96</i>				
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$19,551,906</u>							
Numeric				New Positions		Existing Positions	
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
73-281-21	Federal	PR-F	\$255,064			10.0	Perm
73-497-50	Federal	PR-F	\$398,762			13.5	Perm
846-Indirect	Federal	PR-F	\$128,250				
20.320(1)	(S)State	SEG	\$3,910,382				
20.320(1)	(S)Federal	PR-F	\$18,769,830				
			\$				
			\$				
15 Indirect Cost Reimbursement							
<input checked="" type="checkbox"/> Yes Rate <u>.2235</u> Base <u>\$573,826</u> Amount <u>\$128,250</u> <input type="checkbox"/> No							
16 Authorizations		Authorized Agency Representative (Type or Print) Franc M. Fennessy			Title if other than Agency Secretary Administrator - A & T		
<input type="checkbox"/> Delegated Review		Signature <i>Franc M. Fennessy</i>			Date <i>August 27, 1996</i>		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>Russ Rasmussen</i>		Phone <i>6-7329</i>		SAI Number <i>WF960830-203-1</i>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>8-30-96</i>		664			
Signature <i>Russell Rasmussen</i>		Date <i>9/13/96</i>		Date Due <i>9-13-96</i>			
COMMENTS:							

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



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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

September 12, 1996

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

Community Mental Health Services
Block Grant, State Application Identifier
Number WI960909-225-N93958XX

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Department of Health and Family Services	2 CFDA # <u>93 . 958</u>	3 Agency ID: (Optional)
4 Address (Street/City/State/Zip) P.O. Box 7850 Madison, WI 53707-7850 Contact Person Damien Wilson Phone 266-9330	5 Federal Agency to Receive Request Substance Abuse and Mental Health Admin.	
	6 Period of Funding, Mo/Day/Year <u>10/01/96</u> <u>9/30/97</u>	7 Application Due Date Mo/Day/Year 8-30-96
8 Agency Project Title Community Mental Health Services Block Grant	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO</u> All	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" 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		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>5,006,510</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
691	fed	pr-f	\$17,500	0		4	Perm.
747	fed	pr-f	\$1,328,557				
795	fed	pr-f	\$2,513,400				
796	fed	pr-f	\$947,053				
			\$				
			\$				
			\$				
			\$				

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

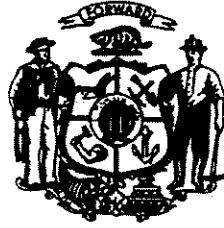
16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature	Title if other than Agency Secretary Deputy Secretary Date 8-28-96
---	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Gretchen Fassum Phone _____ SAI Number WI 960909-225
 Recommendation: Approve Approve With Conditions Deny
 Signature Gretchen A. Fassum Date 9/5/96 Date Received 9-9-96 93
 Date Due 9-23-96 58

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

September 12, 1996

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

Promotion of the Humanities-Education Development
and Demonstration (Program for Secondary-Level
Teachers on the US Constitution), State Application
Identifier Number WI960909-229-N45162XX

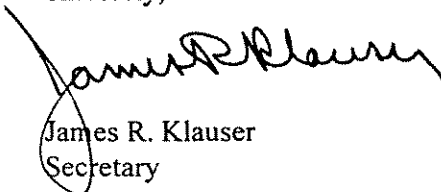
Dear Dr. Muller:

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,


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

Dev. + Demo - Education 45.162
Promotion of the Humanities

<p>1 Applicant Agency State Historical Society of Wisconsin</p> <p>4 Address (Street/City/State/Zip) 816 State Street Madison, WI 53706</p> <p>Contact Person Matthew T. Blessing Phone 608/264-6578</p> <p>8 Agency Project Title Program for Secondary-Level Teachers on the U.S. Constitution</p> <p>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified </p>	<p>2 CFDA # 45.127</p> <p>3 Agency I.D. (Optional) deleted</p> <p>5 Federal Agency to Receive Request National Endowment for the Humanities</p> <p>6 Period of Funding Mo/Day/Year 5/1/1997 7/1/1998</p> <p>7 Application Due Date Mo/Day/Year 10/1/96</p> <p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed EO </p> <p>10 Area of Impact Counties/States Statewide</p> <p>12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____ </p>
---	---

13 Number of Years Previously Funded **0**

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For **25,818**

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
101	State	GPR	\$10,115			0.15	Perm
141	Federal	PR-F	\$25,818				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate **10.83%** Base **\$23,296** Amount **\$2,522** No

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print)
Robert B. Thomasgard
 Signature *Robert B. Thomasgard*
 Title if other than Agency Secretary
Associate Director
 Date **August 29, 1996**

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Orlando Canuto* Phone **6-1103** SAI Number **WI960909-229-1**

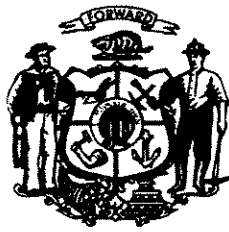
Recommendation: Approve Approve With Conditions Deny Date Received **9-9-96**

Signature *[Signature]* Date **9/10/96** Date Due **9-23-96**

4516
x7

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

September 13, 1996

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

Preventive Health and Health Services
Block Grant, State Application Identifier
Number WI960909-226-N93991XX

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Department of Health and Family Services		2 CFDA # <u>93-091</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 East Washinton Ave. Madison, Wisconsin 53703 Contact Person Jennifer Argelander Phone 608/266-5822		5 Federal Agency to Receive Request Centers For Disease Control & Prevention	
8 Agency Project Title PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK		6 Period of Funding Mo/Day/Year <u>10/1/95</u> <u>9/30/97</u>	7 Application Due Date Mo/Day/Year <u>9/3/96</u>
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		9 Executive Order 12372 Review Required GRANT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed. EO</u> All	
12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other		10 Area of Impact Counties/States <u>Statewide-WI</u>	

13 Number of Years Previously Funded							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$548,403</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>192</u>	<u>Federal</u>	<u>PRF</u>	<u>\$ 488,932</u>	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>
<u>190</u>	<u>Federal</u>	<u>PRF</u>	<u>\$ 59,471</u>	<u>1</u>	<u>Perm</u>	<u>x</u>	<u>x</u>
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 14.1 Base 35017 Amount 4938 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>8-30-96</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

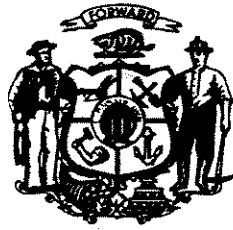
Reviewing Analyst Sue Jablonsky Phone 7-954 SAI Number WI 960909-226-N

Recommendation: Approve Approve With Conditions Deny Date Received 9-9-96 99

Signature S. Jablonsky Date 9/2/96 Date Due 9-23-96 XX

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

September 13, 1996

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

Clinical Lab Improvement Amendment,
State Application Identifier Number
WI960909-228-N00000XX

Dear Secretary Llean:

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

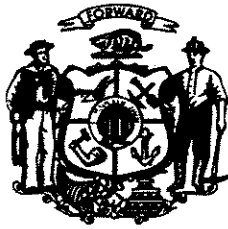
Department of Administration
Form DOA-7620 (R 5-88)
(Formerly FDA 80)

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 DHFS		2 CFDA # _____	3 Agency I.D. (Optional)		
4 Address (Street/City/State/Zip) 1. W. WILSON STREET, P.O. BOX 0309 MADISON, WI 53702 Contact Person JUDY FRYBACK Phone 266-7185		5 Federal Agency to Receive Request HEALTH CARE FINANCING ADM. CHICAGO 6 Period of Funding Mo/Day/Year 10/01/96 09/30/97 7 Application Due Date Mo/Day/Year AUG 29 1996 XXXXXXXXXX			
8 Agency Project Title CLINICAL LAB IMPROVEMENT AMENDMENT (CLIA) PROGRAM		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No CFDA # _____ All			
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States STATEWIDE _____ _____ _____			
13 Number of Years Previously Funded _____		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$360,781</u>			
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE) Type	Existing Positions No. (FTE) Type
141	PR/	FEDERAL	\$ 360,781		5,000 PERM
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>7.505%</u> Base <u>\$214,999</u> Amount <u>\$16,136</u> <input type="checkbox"/> No					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) RICHARD W. LORANG Signature <i>Richard W. Lorang</i>		Title if other than Agency Secretary DEPUTY SECRETARY-DHFS Date 8-27-96	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <i>Sue Jablonsky</i> Phone <u>7-9546</u>		SAI Number <u>WF960909-228</u>		00	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>9-9-96</u>		00	
Signature <i>S. Jablonsky</i> Date <u>9/12/96</u>		Date Due <u>9-23-96</u>		X 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

September 13, 1996

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

Indoor State Radon Grant, State
Application Identifier Number
WI960909-227-N66032XX

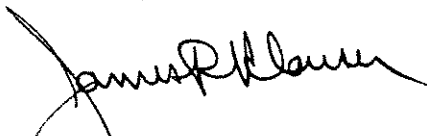
Dear Secretary Leean:

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-798-1

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

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

14 Funding, Allotment and Position Data (Including Federal indirect costs)						
Total Federal Funds Applied For <u>\$231,416</u>						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
149	Federal	PRF	\$231,416	17		
101	State	GPR	\$161,387	5		
	Other Match	In-Kind	\$70,174			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

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

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print) Richard W. Lorang
 Title if other than Agency Secretary Deputy Secretary
 Signature [Signature] Date 8-23-96

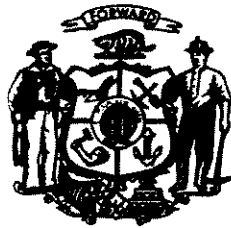
FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 7-9546 SAI Number W960909-22
 Recommendation: Approve Approve With Conditions Deny Date Received 9-9-96
 Signature S. Jablonsky Date 9/12/96 Date Due 9-23-96

P-N
660
32X

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

September 13, 1996

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

Child Support Enforcement (Native American
Services Grant-Menominee Tribe) State Application
Identifier Number WI960830-224-N93563YY

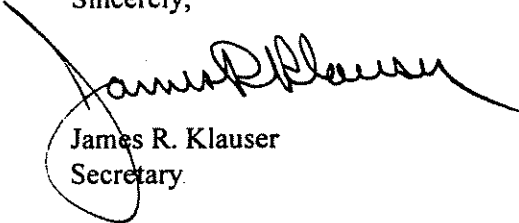
Dear Acting Secretary Wegner:

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,


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 Dept. of Workforce Development		2	CFDA # 9 3 . 5 6 3	3 Agency ID: (Optional)																																																																																				
4 Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person: Todd Kummer Phone: 266-8438		5 Federal Agency to Receive Request U. S. Department of Health & Social Services, ACF, OCSE																																																																																						
8 Agency Project Title Child Support Enforcement Native American Services Grant - Menominee Tribe		6 Period of Funding Mo/Day/Year 10/01/96 09/30/97		7 Application Due Date Mo/Day/Year 08/26/96																																																																																				
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 WT EO</u>																																																																																				
13 Number of Years Previously Funded: -0-		10 Area of Impact Counties/States Menominee Tribe																																																																																						
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																																								
Total Federal Funds Applied For: \$81,896																																																																																								
<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>457</td> <td>Federal</td> <td>PR-F</td> <td style="text-align: right;">\$ 81,896</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td></td> <td>Local</td> <td>Match</td> <td style="text-align: right;">\$ 4,310</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	457	Federal	PR-F	\$ 81,896	0		0			Local	Match	\$ 4,310																																																												
Numeric Appropriation	Source	Revenue Type	Amount	New Positions					Existing Positions																																																																															
				No. (FTE)	Type	No. (FTE)	Type																																																																																	
457	Federal	PR-F	\$ 81,896	0		0																																																																																		
	Local	Match	\$ 4,310																																																																																					
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																																								
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Dan Ryan Signature: <u>Dan Ryan</u>		Title if other than Agency Secretary Budget Analyst Date: <u>8/26/96</u>																																																																																				
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																								
Reviewing Analyst Recommendation: <u>Jennifer Siro</u>		Phone: <u>6-8219</u>		SAI Number: <u>WI 960830-224-1</u>																																																																																				
Signature: <u>Jennifer Siro</u>		Date: <u>9/12/96</u>		Date Received: <u>8-30-96</u>																																																																																				
COMMENTS:				Date Due: <u>9-13-96</u>																																																																																				

9
56
1

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

September 17, 1996

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

Plant and Animal Disease, Pest Control and Animal
Care (Cooperative Agricultural Pest Survey), State
Application Identifier Number WI960913-233-N10025XX

Dear Secretary Tracy:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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

Animal Care
Plant + Animal Disease, Pest Control +

1 Applicant Agency WI Dept of Ag., Trade & Cons. Protection	2 CFDA # <u>10-025</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) PO Box 8911 2811 Agriculture Dr. Madison WI 53708-8911 Melody Walker Phone <u>608-224-4595</u>	5 Federal Agency to Receive Request USDA-APHIS	
	6 Period of Funding Mo/Day/Year <u>10-01-96</u> <u>9-30-97</u>	7 Application Due Date Mo/Day/Year <u>9-15-96</u>
8 Agency Project Title <u>Cooperative Agricultural Pest Survey</u>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WTEO</u> <u>All</u>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States <u>State-Wide</u>
13 Number of Years Previously Funded _____		

14 Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For <u>\$15,000</u>						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
741	Federal	fed	\$13,075			
841	Indirect	fed	\$ 1,925			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

15 Indirect Cost Reimbursement
 Yes Rate 20.26% Base 9,500 Amount 1,925 No

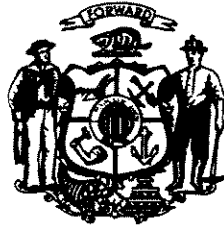
16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Elizabeth Kohl Signature <i>E Kohl</i>	Title if other than Agency Secretary Deputy Secretary Date <u>9-2-96</u>
---	---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jacky Jugenkaiser Phone 6-7597 SAI Number WI 960913-233-N
 Recommendation: Approve Approve With Conditions Deny Date Received 9-13-96
 Signature Russell Samson Date 9/16/96 Date Due 9-16-96

COMMENTS:

1002
XX



TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

September 17, 1996

Francis Fennessy, Administrator
Division of Administration and Technology
Department of Natural Resources
101 S. Webster Street, 5th Floor
Madison, WI 53702

Water Pollution Control-Research, Development
and Demonstration (GLNPO Core Funding), State
Application Identifier Number WI960913-230-N66505XX

Dear Mr. Fennessy:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
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

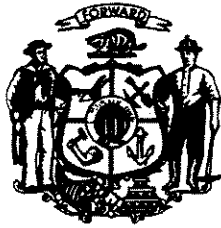
Demo
Water Pollution Control - Res. Dev. &

1 Applicant Agency Department of Natural Resources		2 CFDA# 66-505	3 Agency I.D. (Optional) <i>765</i>																																																																				
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Ed Boebel Phone 608/266-9252		5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																					
8 Agency Project Title GLNPO Core Funding		9 Executive Order 12272 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No WI EO</i>	10 Area of Impact Counties/States Statewide																																																																				
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																																						
13 Number of Years previously funded: 4 years		All:																																																																					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$70,000</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>\$57,994</td> <td></td> <td></td> <td>1</td> <td>Perm</td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$12,006</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$3,053</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$632</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	\$57,994			1	Perm	846	Federal	PR-F	\$12,006					201	State	GPR	\$3,053					801	State	GPR	\$632								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																													
				No. (FTE)	Type	No. (FTE)	Type																																																																
241	Federal	PR-F	\$57,994			1	Perm																																																																
846	Federal	PR-F	\$12,006																																																																				
201	State	GPR	\$3,053																																																																				
801	State	GPR	\$632																																																																				
			\$																																																																				
			\$																																																																				
			\$																																																																				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>22.35%</u> Base <u>\$56,547</u> Amount <u>\$12,638</u> <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> Title if other than Agency Secretary Administrator - Div. of Admin. & Tech. Date: <i>September 5, 1996</i>																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																							
Reviewing Analyst: <i>Russell J. Fismussen</i> Phone: <i>6-7329</i>		SAI Number: <i>WF960913-230-N</i>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received: <i>9-13-96</i>																																																																					
Signature: <i>Russell J. Fismussen</i> Date: <i>9/15/96</i>		Date Due: <i>9-27-96</i>																																																																					

665
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

September 20, 1996

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

Centers for Disease Control and Prevention-
Investigations and Technical Assistance (Behavioral
Risk Factor Survey/Amendment), State Application
Identifier Number WI960913-234-N93283XX

Dear Secretary Lëean:

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

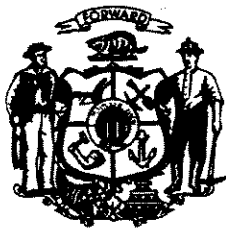
Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 60)

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

Investigations & Tech. Asst.
Centers for Disease Control & Prevention

1	Applicant Agency Dept. of Health and Family Services	2	CFDA # 9 3 . 2 8 3	3	Agency ID (Optional)
4	Address (Street/City/State/Zip) 1 West Wilson, P. O. Box 7050 Madison, WI 53701 Contact Person Eleanor Cautley Phone 267-9545	5	Federal Agency to Receive Request CDC and DHHS	6	Period of Funding Mo/Day/Year 09/01/96 08/31/97
7	Application Due Date Mo/Day/Year		8	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No w/ E.O.</i>	
8	Agency Project Title <i>Behavioral Risk Factor Survey Amendment</i>		9	Area of Impact Counties/States All counties	
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 checked="" type="checkbox"/> Discretionary Other		
13	Number of Years Previously Funded		All		
14	Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>100,000 - Additional</u>				
	Numeric		New Positions	Existing Positions	
	Appropriation	Source	Revenue Type	Amount	No. (FTE) Type
	149	federal	PR-F	\$ 100,000	0
					0
15	Indirect Cost Reimbursement N/A 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>Richard W. Lorang</i>		Title if other than Agency Secretary Deputy Secretary Date 9-13-96	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
	Reviewing Analyst <i>Due Jablonsky</i>	Phone <i>7-9546</i>	SAI Number <i>WI 960913-2</i>		
	Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>9-13-96</i>	Date Due <i>9-27-96</i>		
	Signature <i>S. Jablonsky</i>	Date <i>9/13/96</i>			

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



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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

September 23 1996

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

State Medicare Survey and Certification,
State Application Identifier Number
WI960823-214-N00000XX

Dear Secretary Leean:

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "James R. Klauser".

James R. Klauser
Secretary

WISCONSIN FED

GRANT APPLICATION NOTICE FORM

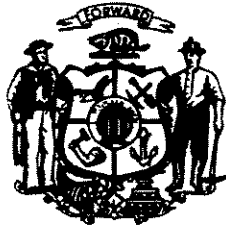
Department of Administration
Form DOA-7929 (R 5-88)
(Formerly FDA 88)

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

1 Applicant Agency Division Of Supportive Living - DHFS				2 CFDA # ___ * ___		3 Agency I.D. (Optional) 435	
4 Address (Street/City/State/Zip) w. W. Wilson Street, Madison, WI 53702 Contact Person Otis L. Woods Phone 6-7952				5 Federal Agency to Receive Request HCFA - Region V - Chicago			
				6 Period of Funding Mo/Day/Year 10/01/96 09/30/97		7 Application Due Date Mo/Day/Year 8/2/96	
8 Agency Project Title State Medicare Survey and Certification				9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No CFDA# All		10 Area of Impact Counties/States Statewide	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Contract Other _____					
13 Number of Years Previously Funded _____							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$3,837,408							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
142	PR	Federal	\$3,837,408	11.625	Fed	43.565	PR/F
			\$				PR/F
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 7.505% Base 1,954,552 Amount 146,689 <input type="checkbox"/> No							
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>			Title if other than Agency Secretary Deputy Secretary - DHFS Date 8-6-96		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>Jeff Deisler</i>		Phone 7-7988		SAI Number <i>WT960823-214</i>			
Recommendation: <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received 8-23-96		Date Due 9-6-96			
Signature <i>Jeff A. Gunk</i>		Date 9/12/96					

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 7864
Madison, WI 53707-7864

September 30, 1996

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

Grants to Encourage Arrest Policies
(Domestic Violence Offender Data Base),
State Application Identifier Number
WI960923-244-N16590XX

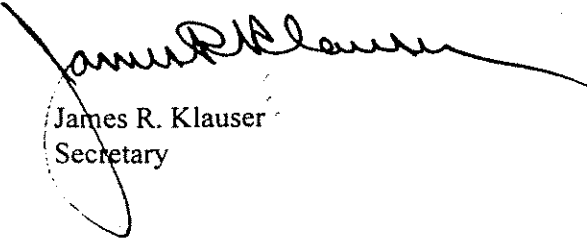
Dear Attorney General Doyle:

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
D9A-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

Policies
Grants to Encourage Arrest

1 Applicant Agency Department of Justice		2 CFDA # <u>16.590</u>																																																																													
4 Address (Street/City/State/Zip) 114 East, State Capitol Madison, WI 52702 Contact Person Susan Goodwin Phone 608-266-0109		5 Federal Agency to Receive Request U.S. Department of Justice																																																																													
8 Agency Project Title Domestic Violence Offender Data Base		6 Period of Funding Mo/Day/Year 01/01/97 - 06/30/98	7 Application Due Date Mo/Day/Year 09/16/96																																																																												
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO WI EO</u> All																																																																													
12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States 5 Wisconsin Counties																																																																													
13 Number of Years Previously Funded 0		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$389,171</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>\$ 364,603</td> <td>3.0</td> <td>Proj</td> <td></td> <td></td> </tr> <tr> <td>348</td> <td>Federal</td> <td>PR-F</td> <td>\$ 24,568</td> <td></td> <td></td> <td>.10</td> <td>Perm</td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$ 15,513</td> <td></td> <td></td> <td>.10</td> <td>Perm</td> </tr> <tr> <td>301</td> <td>State</td> <td>GPR</td> <td>\$ 11,180</td> <td></td> <td></td> <td>.20</td> <td>Perm</td> </tr> <tr> <td>501</td> <td>State</td> <td>GPR</td> <td>\$ 24,612</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	\$ 364,603	3.0	Proj			348	Federal	PR-F	\$ 24,568			.10	Perm	201	State	GPR	\$ 15,513			.10	Perm	301	State	GPR	\$ 11,180			.20	Perm	501	State	GPR	\$ 24,612								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																																					
				No. (FTE)	Type	No. (FTE)	Type																																																																								
241	Federal	PR-F	\$ 364,603	3.0	Proj																																																																										
348	Federal	PR-F	\$ 24,568			.10	Perm																																																																								
201	State	GPR	\$ 15,513			.10	Perm																																																																								
301	State	GPR	\$ 11,180			.20	Perm																																																																								
501	State	GPR	\$ 24,612																																																																												
			\$																																																																												
			\$																																																																												
			\$																																																																												
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>17.0%</u> Base <u>\$144,515</u> Amount <u>\$24,568</u> <input type="checkbox"/> No																																																																															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) James E. Doyle Signature <u>James E. Doyle</u> Title if other than Agency Secretary Attorney General Date <u>9/12/96</u>																																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																															
Reviewing Analyst <u>Scott Aker</u> Phone <u>7-0370</u>		SAI Number <u>WI960923-24-NL</u>																																																																													
Recommendation: <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>9-23-96</u>																																																																													
Signature <u>Scott Aker</u> Date <u>9/22/96</u>		Date Due <u>10-7-96</u>																																																																													
COMMENTS:																																																																															

590
X:

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1	Applicant Agency Dept. of Workforce Development	2	CFDA # 17.002	Agency I.D. (Optional)	
4	Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Debbie Benish Phone 266-5747	5	Federal Agency to Receive Request U. S. Department of Labor		
6	Agency Project Title <i>Labor Force Statistics</i>	8	Period of Funding Mo/Day/Year 10/01/96 09/30/97	7	Application Due Date Mo/Day/Year 9/13/96
8	Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12	Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Not Fed EO</i>	
13	Number of Years Previously Funded <u>More than 5 years</u>				
14	Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,445,311</u>				
		New Positions		Existing Positions	
15	Indirect Cost Reimbursement	Base \$562,000 Amount \$2,810		<input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Yes Rate .50%			
16	Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Debbie Benish Signature <i>Debbie Benish</i>		Title if other than Agency Secretary Budget Analyst Date	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <i>Orlando Canto</i>		Phone <i>6-1103</i>		SAI Number <i>WI 960916-238</i>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date <i>9/18/96</i>		Date Received <i>9/26/96</i>	
Signature <i>[Signature]</i>				Date Due <i>9/26/96</i>	
COMMENTS:					

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
D-1-7020(R12/92)

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

Health Services
Block Grant for Community Mental
Grants for Tech Asst. Activities Related to

1 Applicant Agency Department of Health & Family Services	2 CFDA # 93 - 1-1 9
4 Address (Street/City/State/Zip) 1 W. Wilson St. PO Box 7851, Madison WI 53705-7851 Contact Person Chris Hendrickson Phone 608/267-9282	5 Federal Agency to Receive Request
8 Agency Project Title Grants to Support State Mental Health Reform and Planning Initiatives	6 Period of Funding Mo/Day/Year 09/01/96 09/31/97
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	7 Application Due Date Mo/Day/Year July 12, 1996
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 No Fed EO
13 Number of Years Previously Funded	10 Area of Impact Counties/States Statewide

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For \$68,553				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
641	federal	PR-F	\$68,553	0		.6	Project
			\$.2	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rate _____	Base _____ Amount _____
16 Authorizations	Authorized Agency Representative (Type or Print) Richard Lorang
<input type="checkbox"/> Delegated Review	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard Lorang</i>
	Date 7-11-96

FOR DEPARTMENT OF ADMINISTRATION

Reviewing Analyst <u>Cynthia Fossam</u> Phone <u>6-2888</u>	SAI Number <u>WI 960916-23</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>9-16-96</u>
Signature <u>Cynthia A. Fossam</u> Date <u>9/19/96</u>	Date Due <u>9-30-96</u>

COMMENTS:

7-N
93
X

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

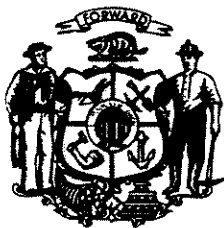
Unemployment Insurance

1	Applicant Agency Dept. of Workforce Development	2	CFDA # 17.225	3	Agency ID (Optional) SBR 5-96		
4	Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Bill Weber Phone 266-8220	5	Federal Agency to Receive Request U. S. Department of Labor				
6	Period of Funding Mo/Day/Year 9/30/96 11/30/98	7	Application Due Date Mo/Day/Year 9/24/96				
8	Agency Project Title UI Benefit Denials Pilot Study	9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed. EO</i>		10	Area of Impact Counties/States Statewide	
11	Type of Application <input 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 None		All				
14	Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$113,454						
				New Positions		Existing Positions	
15	Indirect Cost Reimbursement			Base	Amount		
				\$57,800	\$434		
						<input type="checkbox"/> No	
16	Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Bill Weber Signature <i>Bill Weber</i>			Title if other than Agency Secretary Budget Analyst Date		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst Recommendation: <i>Orlando Canto</i>		Phone <i>6-1103</i>		SAI Number <i>WI960930-248</i>		Date Received <i>9-30-96</i>	
Signature _____		Date _____		Date Due <i>Del.</i>			
COMMENTS:							

11
22
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

October 2, 1996

Joe Leean, Secretary
Department of Health and Family 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 WI960916-236-N93283XX

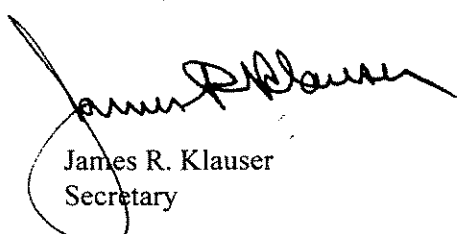
Dear Secretary Leean:

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 GGA-7020 (R 5-85)
(Formerly FDA 50)

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

*Investigations & Tech. Asst.
Centers for Disease Control & Prevention*

1 Applicant Agency DHFS/DOH/Bureau of Public Health		2 CFDA # <u>93-283</u>	3 Agency LO (Optional)
4 Address (Street/City/State/Zip) 1414 E. WASHINGTON AVENUE MADISON, WI 53703 Contact Person TERRY MOEN Phone 608-266-8579		5 Federal Agency to Receive Request Centers for Disease Control	
8 Agency Project Title WISCONSIN FACE PROGRAM		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>09/16/96</u>
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		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WF EO</u> All	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Coop. Agree.</u>		10 Area of Impact Counties/States <u>STATEWIDE</u>	
13 Number of Years Previously Funded			

14 Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For <u>\$25,000</u>				<u>Supplemental</u>		
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
149	Federal	PR-F	\$ 25,000			1.2 Perm.
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard W. Lorang</i>	Date <u>9-13-96</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Due Jablonsky Phone 7-9546 SAI Number 62796096-236 N

Recommendation: Approve Approve With Conditions Deny
Date Received 9-16-96 2
Date Due 9-30-96 X

0-9-96

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

Department of Administration
Room DOA-7020 (R 5-88)
formerly FDA 50)

All-Volunteer Force Ed. Asst.

1 Applicant Agency: Dept. of Workforce Development

2 CFDA # 64.124

3 Federal Agency to Receive Request: U. S. Dept. of Labor

4 Address (Street/City/State/Zip): 210 E. Washington Ave., P. O. Box 7946, Madison, WI 53707-7946

5 Period of Funding Mo/Day/Year: 10/01/96 to 09/30/97

6 Application Due Date Mo/Day/Year: 10/01/96

7 Contact Person: Sue Huss, Phone: 266-3338

8 Agency Project Title: Department of Veteran's Affairs-Apprenticeship Program

9 Executive Order 12372 Review Required: Yes, No

10 Clearinghouses: Notified Dates: *No Fed EO*

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

12 Area of Impact Counties/States: Statewide

13 Number of Years Previously Funded: More than 8 years

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
141	Federal	PR-F	\$ 123,301			2.40	Perm
153-Indirect	Federal	PR-F	\$ 379				

15 Indirect Cost Reimbursement: Yes, Rate: .50% of Salaries, Base: \$75,850, Amount: \$379

16 Authorizations: Delegated Review

Authorized Agency Representative (Type or Print): Susan Huss, Signature: *Susan Huss*, Title if other than Agency Secretary: Budget Analyst, Date: 10/4/96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Orlando Cantor*, Phone: *6-1103*

Recommendation: Approve, Approve With Conditions, Deny

Signature: _____, Date: _____

SAI Number: *WI961009-264*

Date Received: *10-9-96*

Date Due: *Del. 641*