

1995-96 SESSION
COMMITTEE HEARING
RECORDS

Committee Name:

Joint Committee on
Finance (JC-Fi)

Sample:

Record of Comm. Proceedings ... RCP

- 05hrAC-EdR_RCP_pt01a
- 05hrAC-EdR_RCP_pt01b
- 05hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

➤ **

➤ Miscellaneous ... Misc

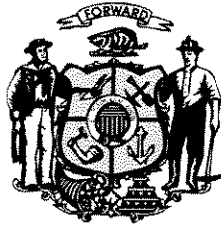
➤ 95hrJC-Fi_Misc_pt79

➤ Record of Comm. Proceedings ... RCP

➤ **

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

4-11-96

CORRESPONDENCE MEMORANDUM

April 11, 1996

file

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

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

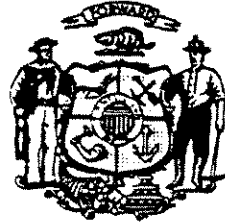
RE: APPLICATIONS FOR FEDERAL ASSISTANCE

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

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

Attachments

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



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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

April 5, 1996

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

National Energy Information Center (Heating
Oil and LP Survey), State Application Identifier
Number WI960329-045-N81039XX


Dear Mr. Robinson:

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

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

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

Sincerely,



James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

PC

| | | | | | | | | | | | |
|--|---|--|--|---|--|--|--|---------------------------------|--|--------------------------------------|--|
| 1 Applicant Agency Wisconsin Dept of Administration | | 2 CFDA # <u>81.039</u> | | 3 Agency I.D. (Optional) | | | | | | | |
| 4 Address (Street/City/State/Zip) 101 E. Wilson Street, 6th Floor P.O. Box 7868, Madison, WI 53707-7868 Contact Person Jim O'Neal Phone 266-8971 | | 5 Federal Agency to Receive Request | | | | | | | | | |
| | | 6 Period of Funding Mo/Day/Year <u>8/7/96</u> <u>8/6/97</u> | | 7 Application Due Date Mo/Day/Year 4/19/96 | | | | | | | |
| 8 Agency Project Title Heating Oil and LP Survey | | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ _____ All | | 10 Area of Impact Counties/States Statewide _____ _____ _____ | | | | | | | |
| 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 _____ | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$7,299</u> | | | | | | | | | | | |
| Numeric Appropriation | | Source | | Revenue Type | | Amount | | New Positions No. (FTE) Type | | Existing Positions No. (FTE) Type | |
| 142 | | Federal | | PR-F | | \$ 7,299 | | | | 11% of 1 perm | |
| 143 | | PVE-Oil Ovch | | PR-Oil Ovch | | \$ 7,301 | | | | 14% of 1 perm | |
| 142 | | FED(Indirect) | | PR-F | | \$ 356 | | | | | |
| 143 | | PVE(Indirect) | | PR-Oil Ovch | | \$ 356 | | | | | |
| | | | | | | \$ | | | | | |
| | | | | | | \$ | | | | | |
| | | | | | | \$ | | | | | |
| | | | | | | \$ | | | | | |
| | | | | | | \$ | | | | | |
| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.4%</u> Base <u>\$11,118</u> Amount <u>\$712</u> <input type="checkbox"/> No | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) Nathaniel E. Robinson Signature:  | | | | Title if other than Agency Secretary Administrator Date <u>04/01/96</u> | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | |
| Reviewing Analyst <u>Pam Henning</u> | | Phone <u>7-0371</u> | | SAI Number <u>WI960329-045-N81039X</u> | | | | | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | Date Received <u>3-29-96</u> | | Date Due <u>4-15-96</u> | | | | | | | |
| Signature <u>Pamela J Henning</u> | | Date <u>4-2-96</u> | | | | | | | | | |

H-798-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

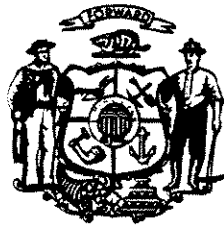
Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 50)

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

| 1 Applicant Agency WI Dept. of Health and Social 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 | | 7 Application Due Date Mo/Day/Year 3/31/96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 6 Period of Funding Mo/Day/Year June 1, 1996 May 31, 1997 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title <u>State</u> Indoor Radon Grant | | | | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NOVI</u> <u>EO</u> All | | 10 Area of Impact Counties/States <u>Statewide</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified | | 12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Number of Years Previously Funded <u>6</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$203,416</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>149</td> <td>Federal</td> <td>PRF</td> <td>\$203,416</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>101</td> <td>State</td> <td>GPR</td> <td>\$137,905</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Other Match</td> <td>In-Kind</td> <td>\$ 65,674</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 | 149 | Federal | PRF | \$203,416 | | | | | 101 | State | GPR | \$137,905 | | | | | | Other Match | In-Kind | \$ 65,674 | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149 | Federal | PRF | \$203,416 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | State | GPR | \$137,905 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other Match | In-Kind | \$ 65,674 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input checked="" type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <u>Richard W. Lorang</u> | | | Title if other than Agency Secretary Deputy Secretary Date <u>3-27-96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <u>Aue Jablonsky</u> Phone <u>7-9546</u> | | | | SAI Number <u>WI 960410-049-N</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | | | Date Received <u>4-10-96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature _____ Date _____ | | | | Date Due <u>Del. 25</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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



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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

April 4, 1996

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

Water Pollution Control-Research, Development
and Demonstration (Agricultural Clean Sweep
Program-Carryover for FY96) State Application
Identifier Number WI960328-043-N66505ZZ

Dear Secretary Tracy:

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'James R. Klauser'. The signature is written in a cursive style with a long, sweeping underline.

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

+ Demand

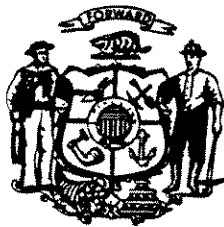
Water Pollution Control - Res. Dev.

| 1 Applicant Agency <u>WI Dept. of Agriculture Trade & Consumer Protection</u> | | 2 CFDA # <u>66-505</u> | | 3 Agency I.D. (Optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------|--|------|-----------------------|--------|--------------|--------|--------------------|--|--------------------|--|-----------|------|-----------|------|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip) P.O. Box 8911 2811 Agriculture Drive Contact Person <u>Madison, WI 53708-8911</u> <u>Ned Zuelsdorff</u> Phone <u>608/2244550</u> | | 5 Federal Agency to Receive Request <u>IIS EPA Region 5</u> | | 7 Application Due Date Mo/Day/Year <u>10/01/95</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title <u>Agricultural Clean Sweep Program</u> | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>Regional Planning</u> <u>Commissions 03-26-96</u> <u>DOA 03-26-96</u> <u>All No WI</u> | | 10 Area of Impact Counties/States <u>Great Lakes Basin</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 checked="" type="checkbox"/> Discretionary Other _____ | 13 Number of Years Previously Funded <u>5</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) <p style="text-align: center;">Total Federal Funds Applied For <u>\$8,202</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> </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> <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 | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | | | | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) <u>Elizabeth Kohl</u> Signature <u>E Kohl</u> | | Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>3-25-96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <u>Russell Resman</u> Phone <u>6-7597</u> | | SAI Number <u>WI960328-013-A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | Date Received <u>3-28-96</u> | | Date Due <u>4-11-96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature <u>Russell Resman</u> Date <u>4/1/96</u> | | Date Due <u>4-11-96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

April 1, 1996

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

Institute of Museum Services (Survey-
Museum Collections Conservation),
State Application Identifier Number
WI960327-042-N45301XX

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Institute of Museum Services

| | | |
|--|---|--|
| 1 Applicant Agency State Historical Society | 2 CFDA # 45.301 | 3 Agency I.D. (Optional) |
| 4 Address (Street/City/State/Zip) 816 State St., Madison WI 53706 | 5 Federal Agency to Receive Request | |
| Contact Person Douglas Kendall Phone 608-264-6552 | 6 Period of Funding Mo/Day/Year 01/01/1997 12/31/1997 | 7 Application Due Date Mo/Day/Year 03/01/1996 |
| 8 Agency Project Title Survey--Museum Collections Conservation | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No 2/24 EF | 10 Area of Impact Counties/States Dane/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 N/A | | |

| 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 |
| 541 | Federal | PR-F | \$ 15,294 | -0- | | -0- | |
| 501 | State | GPR | \$ 10,612 | -0- | | .23 | Perm. |
| 445 | State | PRS | \$ 5,181 | -0- | | -0- | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |

15 Indirect Cost Reimbursement
 Yes Rate 20% Base \$25,906 Amount \$5,181 No

| | | |
|---|---|--|
| 16 Authorizations <input type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print) Robert B. Thomasgard, JR. Signature: <i>[Signature]</i> | Title (other than Agency Secretary) Assistant Director Date: MARCH 14, 1996 -03/01/1996 |
|---|---|--|

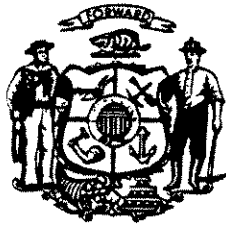
FOR DEPARTMENT OF ADMINISTRATION USE ONLY

| | |
|--|------------------------------|
| Reviewing Analyst <u>Orlando Canto</u> Phone <u>6-1103</u> SAI Number <u>WI 960327-042-1</u> | Date Received <u>3-27-96</u> |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Due <u>4-10-96</u> |
| Signature <i>[Signature]</i> Date <u>3/29/96</u> | 453c 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

March 29, 1996

Dean Amhaus, Executive Director
Wisconsin Arts Board
101 E. Wilson Street, First Floor
Madison, WI 53702-3233

Promotion of the Arts-Folk and Traditional Arts (Wisconsin Folk
Arts Video), State Application Identifier Number WI960318-037-N45015XX

Dear Mr. Amhaus:

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R)12/92

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

*Traditional Arts
Promotion of the Arts - Folk*

| | | | |
|---|--|---|---|
| 1 Applicant Agency WI Arts Board | | 2 CFDA # <u>45-015</u> | 3 Agency I.D. (Optional) |
| 4 Address (Street/City/State/Zip) 101 E. Wilson Street Madison, WI 53702 Contact Person Richard March Phone 608 266-2513 | | 5 Federal Agency to Receive Request National Endowment for the Arts | |
| | | 6 Period of Funding Mo/Day/Year <u>11-1-96</u> <u>10-31-98</u> | 7 Application Due Date Mo/Day/Year 3/4/96 |
| 8 Agency Project Title <u>Wisconsin Folk Arts Video</u> | | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No</u> <u>EF</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 <u>new</u> | | 10 Area of Impact Counties/States Statewide | |

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

Total Federal Funds Applied For \$80,000

| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | |
|-----------------------|---------|--------------|-----------|---------------|------|--------------------|------|
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| DF | In-Kind | State | \$ 13,000 | | | | |
| DF | Private | State | \$ 76,417 | | | | |
| ES | NEA | Federal | \$ 80,000 | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |

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

16 Authorizations

Delegated Review

Authorized Agency Representative (Type or Print)
Dean Amhaus

Signature

Title if other than Agency Secretary
Executive Director

Date
3/15/96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Brian Pahnke Phone 4-8259 SAI Number WF960318-037-N45

Recommendation: Approve Approve With Conditions Deny Date Received 3-18-96 015

Signature Brian Pahnke Date 3/27/96 Date Due 4-1-96 XX

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



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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

March 29, 1996

Steven D. Sell, Executive Director
Office of Justice Assistance
222 State Street, Second Floor
Madison, WI 53702-0001

Juvenile Justice & Delinquency Prevention-Allocation to
States, State Application Identifier Number WI960329-044-N16540XX

Dear Mr. Sell:

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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 608/257-2125

| 1 Applicant Agency Wisconsin Office of Justice Assistance | | 2 CFDA # | 16 5 4 0 | 3 Agency I.D. (Optional) JJ-96 | | | |
|--|---|---|--|---|------|--------------------|---------|
| 4 Address (Street/City/State/Zip) | | 5 Federal Agency to Receive Request U.S. Department of Justice | | | | | |
| Contact Person <u>Michael Perry</u> Phone <u>6-7639</u> | | 6 Period of Funding Mo/Day/Year 10-01-95 09-30-98 | 7 Application Due Date Mo/Day/Year 3/31/96 | | | | |
| 8 Agency Project Title <u>Juvenile Justice & Delinquency Prevention-Allocation to States</u> | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates WI Dept. of Administration <u>3-19-96</u> <u>WT</u> <u>ED</u> | | 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>more than 5 years</u> | | 14 Funding, Allotment and Position Data (including Federal indirect costs) | | | | | |
| Total Federal Funds Applied For <u>1,209,000</u> | | | | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | |
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| 601 | State | GPR | \$ 90,675 | | | .05 | Unclass |
| | | | \$ | | | .87 | Perm |
| 641 | Federal | PRF | \$ 120,675 | | | .05 | Unclass |
| | | | \$ | | | .83 | Perm |
| 643 | Federal | PRF | \$ 817,325 | | | | |
| 644 | Federal | PRF | \$ 30,000 | | | | |
| 645 | Federal | PRF | \$ 241,000 | | | | |
| | | | \$ | | | | |
| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.4%</u> Base <u>45,420</u> Amount <u>2,907</u> <input type="checkbox"/> No | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) <u>Steven D. Sell</u> Signature <u>Steven D. Sell</u> | | Title if other than Agency Secretary <u>Executive Director</u> Date <u>3-27-96</u> | | | |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

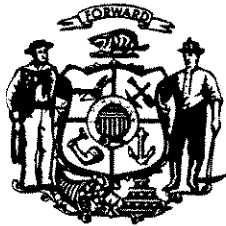
Reviewing Analyst Michael Hefetz Phone 7-0370
 Recommendation: Approve Approve With Conditions Deny
 Signature Michael Hefetz Date 3-29-96

SAI Number WL960329-044
 Date Received 3-29-96
 Date Due 4-12-96

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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

March 28, 1996

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

Weatherization Assistance for Low-Income
Persons, State Application Identifier
Number WI960326-041-N81042XX

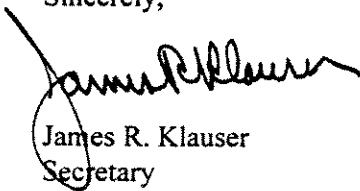
Dear Mr. Martinson:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-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 DOA/Division of Housing | 2 CFDA # <u>81-042</u> | 3 Agency I.D. (Optional) |
| 4 Address (Street/City/State/Zip) 101 E. Wilson St, 4th Fl, PO Box 8944 Madison, WI 53708-8944 Contact Person Beverly Tucker Phone 266-0324 | 5 Federal Agency to Receive Request U.S. Department of Energy | 7 Application Due Date Mo/Day/Year <u>April 1, 96</u> |
| 8 Agency Project Title Weatherization Assistance Program for Low Income Persons | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Needs</u> <u>WI</u> <u>EE</u> All | 10 Area of Impact Counties/States State _____ |
| 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 <input type="checkbox"/> Other _____ | |

13 Number of Years Previously Funded _____

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

Total Federal Funds Applied For \$766,576.00 *

| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | |
|--|---------|--------------|-------------|---------------|------|--------------------|------|
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| 741 | Fed-DOE | PR-F | \$ 757,317 | | | 11.35 | PERM |
| 741 | Fed-DOE | Indirect | \$ 9,259.00 | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| *Initial allocation under continuing resolution. | | | | | | | |

15 Indirect Cost Reimbursement Sal/Fri

Yes Rate 6.4% Base \$144,676 Amount \$9,259.00 No

16 Authorizations

Delegated Review

Authorized Agency Representative (Type or Print) Lee Martinson Title if other than Agency Secretary Administrator, Div. of Housing

Signature [Signature] Date 3/26/96

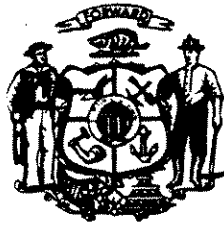
FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Pam Henning Phone 267-0371 SAI Number WI960326-041-N81

Recommendation: Approve Approve With Conditions Deny Date Received 3-26-96 042

Signature [Signature] Date 3-28-96 Date Due 4-10-96 XX

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



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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

March 22, 1996

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

Summer Food Service Program for Children
(Expansion Funds), State Application Identifier
Number WI960307-032-N10559XX

Dear Superintendent Benson:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

| | | | | | |
|---|--|--|--|--|--|
| 1 Applicant Agency WI Dept. of Public Instruction | | 2 CFDA # <u>10.559</u> | | 3 Agency I.D. (Optional) | |
| 4 Address (Street/City/State/Zip) 125 South Webster Street P.O. Box 7841, Madison, WI 53707 Contact Person Mark E. Ibach Phone (608) 267-9210 | | 5 Federal Agency to Receive Request U.S. Dept. of Agriculture | | 7 Application Due Date Mo/Day/Year March 1, 1996 | |
| | | 6 Period of Funding Mo/Day/Year 5/30/96 9/30/97 | | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8 Agency Project Title Expansion Funds for Summer Food Service Program for children | | 10 Area of Impact Counties/Stages Wisconsin | | Clearinghouses: Notified Dates <i>No WFE O</i> | |
| 11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified | 12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other | 13 Number of Years Previously Funded -0- | | | |

| 14 Funding, Allotment and Position Data (including Federal indirect costs) | | | | | | | |
|--|---------|--------------|--------------|---------------|------|--------------------|------|
| Total Federal Funds Applied For \$19,307.00 | | | | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | |
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| HU | Federal | PR-F | \$ 19,307.00 | N/A | | N/A | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |

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

16 Authorizations
 Delegated Review

| | | |
|---|--|--------------------------------------|
| Authorized Agency Representative (Type or Print) John T. Benson | | Title if other than Agency Secretary |
| Signature <i>John T. Benson</i> | | Date February 28, 1996 |

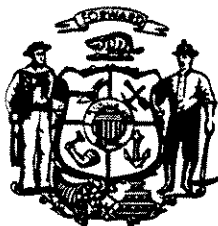
FOR DEPARTMENT OF ADMINISTRATION USE ONLY

| | | |
|--|-----------------------------|-----------------------------------|
| Reviewing Analyst <u>Rob Cramer</u> | Phone <u>6-1923</u> | SAI Number <u>WI 960307-032-N</u> |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Received <u>3-7-96</u> | Date Due <u>3-21-96</u> |
| Signature <u>Rob Cramer</u> | Date <u>3-20-96</u> | |

COMMENTS:

10
559

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

March 19, 1996

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

Many People, Many Pasts
State Application Identifier
Number WI960318-035-N00000ZZ

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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 608/257-2125

| | | | |
|--|--|--|--|
| 1 Applicant Agency <u>STATE HISTORICAL SOCIETY</u> | | 2 CFDA # _____ | |
| 3 Agency I.D. (Optional) | | 5 Federal Agency to Receive Request <u>WISCONSIN HUMANITIES COUNCIL</u> | |
| 4 Address (Street/City/State/Zip) <u>816 STATE STREET</u> <u>MADISON, WI 53706</u> | | 6 Period of Funding Mo/Day/Year <u>7/15/86 TO</u> <u>9/21/97</u> | |
| Contact Person <u>DAVID MANAEL</u> Phone <u>264-6550</u> | | 7 Application Due Date Mo/Day/Year <u>4/15/96</u> | |
| 8 Agency Project Title <u>MANY PEOPLE, MANY PASTS</u> | | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>FEDERAL STATE</u> <u>RELATIONS</u> <u>OFFICE</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 _____ | |
| 10 Area of Impact Counties/States <u>DANE CO.</u> <u>SOUTH CENTRAL</u> <u>WISCONSIN</u> | | | |
| 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 | | Existing Positions | |
|-----------------------|--------------------|----------------|---------------------|---------------|------|--------------------|------|
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| | <u>FEDERAL</u> | <u>PR-F</u> | \$ <u>8,825</u> | | | | |
| | <u>STATE MATCH</u> | <u>IN-KIND</u> | \$ <u>28,068.60</u> | | | | |
| | | | \$ _____ | | | | |
| | | | \$ _____ | | | | |
| | | | \$ _____ | | | | |
| | | | \$ _____ | | | | |
| | | | \$ _____ | | | | |

15 Indirect Cost Reimbursement

Yes Rate _____ Base _____ Amount _____ No

16 Authorizations

Delegated Review

| | |
|---|---|
| Authorized Agency Representative (Type or Print) <u>BOB THOMAS JR.</u> | Title if other than Agency Secretary <u>Associate Director</u> |
| Signature | Date <u>MARCH 15, 1996</u> |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Orlando Cantor Phone 6-1103 SAI Number WI-960318-035-N

Recommendation: Approve Approve With Conditions Deny

Signature Date _____ Date Received 3-18-96 Date Due 4-1-96

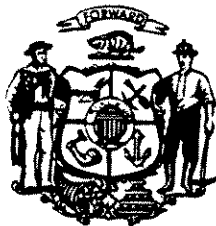
COMMENTS:

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22

Comments Continued on Reverse or on a Separate Sheet

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

March 19, 1996

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

Historic Preservation Fund 1996-97,
State Application Identifier
Number WI960228-031-N15904XX

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

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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 <u>State Historical Society of Wisconsin</u> | | 2 CFDA # <u>15 - 904</u> | |
| 4 Address (Street/City/State/Zip) <u>816 State St., Rm 300 Madison, WI 53706</u> Contact Person <u>Kathy Long</u> Phone <u>264-6492</u> | | 5 Federal Agency to Receive Request <u>Dept. of Interior - National Park Service</u> | |
| 8 Agency Project Title <u>1996-97 Historic Preservation Fund</u> | | 7 Application Due Date Mo/Day/Year <u>2/16/96</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 | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>State DOA 1/29/96</u> <u>WI Regional Planning</u> <u>Commissions 1/30/96</u> <u>All needs w/ EO</u> | |
| 12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____ | | 10 Area of Impact Counties/States <u>All counties</u> | |
| 13 Number of Years Previously Funded <u>25</u> | | | |

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

Total Federal Funds Applied For _____

| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | |
|-----------------------|------------|--------------|------------|---------------|------|--------------------|------|
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| MY | Federal | PR-F | \$ 557,393 | n/a | | 6.035 | Perm |
| KQ | state | GPR | \$ 232,249 | n/a | | 6.5 | Perm |
| | | | \$ | " " | | 3.0 | LTE |
| | Subgrantee | match | \$ 139,348 | n/a | | n/a | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |

15 Indirect Cost Reimbursement
 Yes Rate 10.83 Base all expenses Amount -60,525 No

16 Authorizations

| | | |
|---|---|---|
| <input type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print) <u>H. Nicholas Muller III</u> | Title if other than Agency Secretary <u>Director</u> |
| | Signature <u>[Signature]</u> | Date <u>2-21-96</u> |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Orlando Cantu Phone 6-1103 SAI Number WI960228-031-N

Recommendation: Approve Approve With Conditions Deny Date Received 2-28-96

Signature [Signature] Date 2/28/96 Date Due 3-13-96

COMMENTS: _____

15904
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

| | | |
|--|---|--|
| 1 Applicant Agency Dept. of Industry, Labor & Human Relations | 2 CFDA # _____ Agency ID# (Optional) _____ Var. 12-96 | |
| 4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Mary Jo Domenichetti Phone 266-6962 | 5 Federal Agency to Receive Request U. S. Dept. of Labor | |
| | 6 Period of Funding Mo/Day/Year 10/1/95 9/30/96 | 7 Application Due Date Mo/Day/Year 3/2/96 |
| | 8 Agency Project Title EEOC Complaints & Training | |
| 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 <input type="checkbox"/> Other Performa | |
| 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates | | |
| 10 Area of Impact Counties/States Statewide | | |
| 13 Number of Years Previously Funded more than 5 years | All | |

| 14 Funding, Allotment and Position Data (including Federal indirect costs) | | | | | | | |
|---|---------|--------------|------------|---------------|------|--------------------|------|
| Total Federal Funds Applied For | | | | \$437,000 | | | |
| Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | |
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| EQ (141) | Federal | PRF | \$ 437,000 | 0.00 | | 8.29 | Perm |
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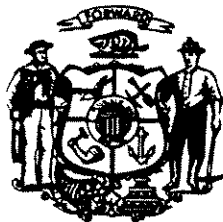
| | | | | | | | |
|--|--|--|--|--|--------------------------------------|--|--|
| 15 Indirect Cost Reimbursement | | | | | | | |
| <input checked="" type="checkbox"/> Yes Rate .75% Base Direct Sal. Amount INA <input type="checkbox"/> No | | | | | | | |
| 16 Authorizations | | Authorized Agency Representative (Type or Print) | | | Title if other than Agency Secretary | | |
| <input checked="" type="checkbox"/> Delegated Review | | Mary Jo Domenichetti | | | Budget & Management Analyst | | |
| | | Signature <i>Mary Jo Domenichetti</i> | | | Date 2/29/96 | | |

| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | |
|---|---|--|---------------|---------------|--|------------|----------------------|--|
| Reviewing Analyst | <i>Orlando Gento</i> | | Phone | <i>6-1103</i> | | SAI Number | <i>WI960307-033-</i> | |
| Recommendation: | <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | Date Received | <i>3-7-96</i> | | Date Due | <i>Feb.</i> | |
| Signature | _____ | | Date | _____ | | _____ | | |
| COMMENTS: | | | | | | | | |
| | | | | | | | | |
| <input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet | | | | | | | | |

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

March 1, 1996

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

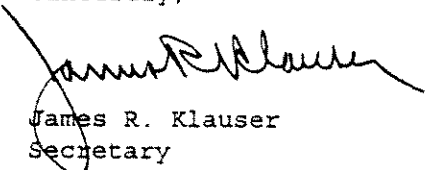
Pollution Prevention Grants Program
(WI PPIS), State Application Identifier
Number WI960223-030-N66708XX

Dear Mr. Bazzell:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

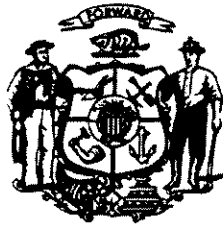
Pollution Prevention Grants Program

| | | | | | | | |
|---|--------------|--|----------|--|--|---|------------|
| 1 Applicant Agency Department of Natural Resources | | | | 2 CFDA# 66.708 | | 3 Agency L.D. (Optional) 677 | |
| 4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Tom Eggert Phone 608/267-9700 | | | | 5 Federal Agency to Receive Request U.S. Environmental Protection Agency | | | |
| | | | | 6 Period of Funding Mo/Day/Year July 1, 1996 - September 30, 1997 | | 7 Application Due Date Mo/Day/Year March 15, 1996 | |
| 8 Agency Project Title Wisconsin PPS Application | | | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>NO WI ED</i> | | 10 Area of Impact Counties/States Statewide | |
| 11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified | | 12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other: | | 13 Number of Years previously funded: 6 <i>All 2-21-96</i> | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$110,000 | | | | | | | |
| | | | | New Positions | | Existing Positions | |
| Appropriation | Source | Revenue Type | Amount | No. (FTE) | Type | No. (FTE) | Type |
| 241 | Federal | PR-F | \$97,690 | 0 | | 1.25 | Project 06 |
| 846 | Federal | PR-F | \$12,310 | | | | |
| 201 | State(match) | GPR | \$66,802 | | | | |
| 801 | State | Indirect | \$12,310 | | | | |
| University | (match) | contributions | \$30,888 | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base \$ <u>102,241</u> Amount \$ <u>24,619</u> <input type="checkbox"/> No | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i> | | | Title if other than Agency Secretary Administrator - OPA Date <u>2-20-96</u> | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | |
| Reviewing Analyst <i>Russell Rasmussen</i> Phone <u>6-7329</u> | | | | SAI Number <u>WI960223-030-N</u> | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | | | Date Received <u>2-23-96</u> | | | |
| Signature <i>Russell Rasmussen</i> Date <u>2/29/96</u> | | | | Date Due <u>3-8-96</u> | | | |
| COMMENTS: | | | | | | | |

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

March 1, 1996

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

Wildlife Restoration (Statewide Plan and
Management Recommendations for Grassland
Birds in Wisconsin), State Application
Identifier Number WI951113-312-N15611XX

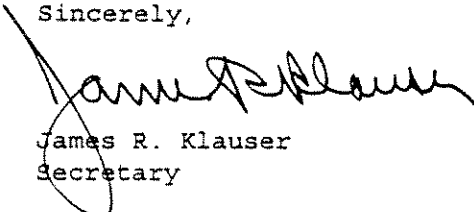
Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Wildlife Restoration

611

| | | |
|--|---|---|
| 1 Applicant Agency Department of Natural Resources | 2 CFDA # <u>15-PCC</u> | 3 Agency I.D. (Optional) 644 |
| 4 Address (Street/City/State/Zip) 101 South Webster Street Madison, WI 53707-7921 Contact Person David W. Sample Phone 608/221-6351 | 5 Federal Agency to Receive Request U.S. Fish & Wildlife Service | |
| | 6 Period of Funding Mo/Day/Year 5/1/95 12/31/96 | 7 Application Due Date Mo/Day/Year |
| 8 Agency Project Title Statewide Plan and Management Recommendations for Grassland Birds in Wisconsin | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates | |
| 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>Agreement</u> | 10 Area of Impact Counties/States Statewide |
| 13 Number of Years Previously Funded | | |

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

Total Federal Funds Applied For \$4,000.00

| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | |
|-----------------------|---------|--------------|-------------|---------------|------|--------------------|------|
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| 181 | Federal | SEG-FED | \$ 4,000.00 | | | | |
| | | | \$ | | | | |
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15 Indirect Cost Reimbursement
 Yes Rate _____ Base _____ Amount _____ No

16 Authorizations

| | | |
|---|--|--|
| <input type="checkbox"/> Delegated Review Kristen Grinde | Authorized Agency Representative (Type or Print) Darrell Bazzell Signature | Title if other than Agency Secretary Administrator Date 11-7-95 |
|---|--|--|

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

| | | |
|--|-------------------------------|------------------|
| Reviewing Analyst <u>Russ Kasmir</u> Phone <u>6-7329</u> | SAI Number <u>WI95113-312</u> | -MS 611 XX |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Received <u>11-13-95</u> | |
| Signature <u>Kristen Grinde</u> Date <u>3/1/96</u> | Date Due <u>11-27-95</u> | |

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

March 1, 1996

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

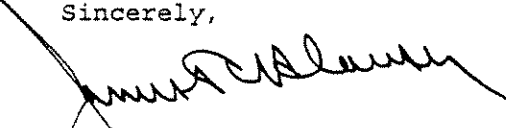
Ryan White Care Act Title II,
State Application Identifier
Number WI960130-009-N93917XX

Dear Secretary Leraan:

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

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

Sincerely,



James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

H-795-1

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 and Social Services | 2 CFDA # <u>93.917</u> | 3 Agency I.D. (Optional) |
| 4 Address (Street/City/State/Zip) 1 W WILSON STREET PO BOX 309, MADISON, WI 53703-0309 Contact Person _____ Phone _____ | 5 Federal Agency to Receive Request Bureau of Health Resources Development | |
| 8 Agency Project Title Ryan White Care Act Title II Care Grant | 6 Period of Funding Mo/Day/Year 4/1/96 3/31/97 | |
| 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 _____ | 7 Application Due Date Mo/Day/Year 2/1/96 |
| 13 Number of Years Previously Funded <u>5</u> | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed EO All | |
| 10 Area of Impact Counties/States Wisconsin | | |

| 14 Funding, Allotment and Position Data (including Federal indirect costs) | | | | | | |
|---|---------|--------------|--------------|-------------------------|------|-----------------------------------|
| Total Federal Funds Applied For <u>1,423,350</u> | | | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions No. (FTE) | Type | Existing Positions No. (FTE) Type |
| 150 | Federal | PR-F | \$1,210,269. | | | |
| 149 | Federal | PR-F | \$213,081. | 1.45 | Perm | 2.0 Permanent |
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15 Indirect Cost Reimbursement
 Yes Rate _____ Base _____ Amount _____ No Not Allowed

| | | |
|--|---|--|
| 16 Authorizations | Authorized Agency Representative (Type or Print) Richard W. Lorang | Title if other than Agency Secretary Deputy Secretary |
| <input checked="" type="checkbox"/> Delegated Review | Signature <i>[Signature]</i> | Date 1-27-96 |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

| | |
|---|------------------------------|
| Reviewing Analyst <u>Aue Jablonsky</u> phone _____ | SAI Number <u>WI 960130-</u> |
| Recommendation: <input checked="" type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Received <u>1-30-96</u> |
| Signature <u>[Signature]</u> Date <u>2/5/96</u> | Date Due <u>1-30-96</u> |

cc: N
CIR

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

February 28, 1996

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

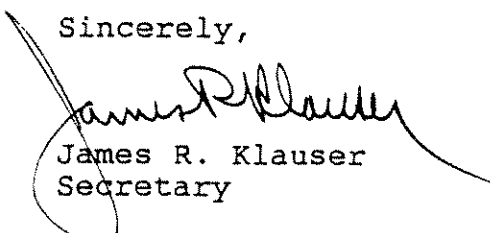
School Breakfast Program (Expansion
Grant), State Application Identifier
Number WI960216-029-N10553XX

Dear Superintendent Benson:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

| 1 Applicant Agency Wisconsin Department of Public Instruction | | 2 CFDA # <u>1 0 • 5 5 3</u> | | 3 Agency I.D. (Optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------|--|------------------------------|--------------|--------|-------------------------|------------------------------|-----|---------|------|----------|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 4 Address (Street/City/State/Zip) PO Box 7841 Madison, WI 53707 Contact Person Richard Mortensen Phone 608/266-3509 | | 5 Federal Agency to Receive Request U.S. Department of Agriculture | | 7 Application Due Date Mo/Day/Year 2/1/96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title <u>School Breakfast Program-- Expansion Grant</u> | | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>None</u> <u>EO</u> All | | 10 Area of Impact Counties/States Statewide--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 _____ | | 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$7,050</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Numeric Appropriation</th> <th style="width: 15%;">Source</th> <th style="width: 15%;">Revenue Type</th> <th style="width: 15%;">Amount</th> <th style="width: 15%;">New Positions No. (FTE)</th> <th style="width: 15%;">Existing Positions No. (FTE)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">141</td> <td style="text-align: center;">Federal</td> <td style="text-align: center;">PR-F</td> <td style="text-align: center;">\$ 7,050</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </tbody> </table> | | Numeric Appropriation | Source | Revenue Type | Amount | New Positions No. (FTE) | Existing Positions No. (FTE) | 141 | Federal | PR-F | \$ 7,050 | N/A | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions No. (FTE) | Existing Positions No. (FTE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141 | Federal | PR-F | \$ 7,050 | N/A | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) John T. Benson Signature <u>[Signature]</u> | | Title if other than Agency Secretary State Superintendent Date January 31, 1996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <u>Rob Cramer</u> Phone <u>6-1923</u> | | SAI Number <u>WI960216-029-N</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | Date Received <u>2/16/96</u> | | Date Due <u>3/1/96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature <u>[Signature]</u> Date <u>2-27-96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

February 28, 1996

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

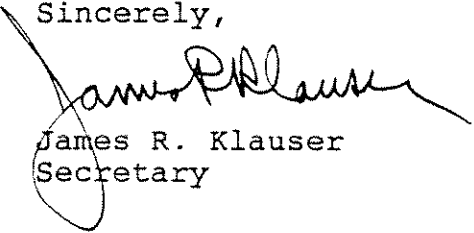
School Breakfast Program (Start-up
Grant), State Application Identifier
Number WI960216-028-N10553XX

Dear Superintendent Benson:

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

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

Sincerely,

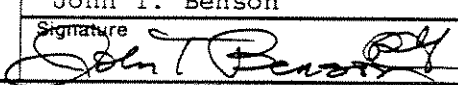

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

| | | | | | |
|---|----------------|--|----------------|--|-----------------------------------|
| 1 Applicant Agency Wisconsin Department of Public Instruction | | 2 CFDA # <u>1.0 • 5.5.3</u> | | 3 Agency I.D. (Optional) | |
| 4 Address (Street/City/State/Zip) P.O. Box 7841, Madison, WI 53707 Contact Person Richard Mortensen Phone 608/266-3509 | | 5 Federal Agency to Receive Request U.S. Department of Agriculture | | 6 Period of Funding Mo/Day/Year <u>10/01/96</u> | |
| 8 Agency Project Title School Breakfast Program (Start-Up Grant) | | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates NO WI EO All | | 7 Application Due Date Mo/Day/Year 2/01/96 | |
| 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 _____ | | 10 Area of Impact Counties/States Statewide--WI | |
| 13 Number of Years Previously Funded _____ | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$4,373</u> | | | | | |
| Appropriation | Source | Revenue Type | Amount | New Positions No. (FTE) | Existing Positions No. (FTE) Type |
| <u>141</u> | <u>Federal</u> | <u>PR-F</u> | <u>\$4,373</u> | <u>N/A</u> | <u>N/A</u> |
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| 15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) John T. Benson Signature  | | Title if other than Agency Secretary State Superintendent Date January 31, 1996 | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | |
| Reviewing Analyst <u>Rob Warner</u> | | Phone <u>6-1923</u> | | SAI Number <u>WT960276-028-N</u> | |
| Recommendation: <input checked="" type="checkbox"/> Approve | | <input type="checkbox"/> Approve With Conditions | | <input type="checkbox"/> Deny | |
| Signature <u>Rob Warner</u> | | Date <u>2-27-96</u> | | Date Received <u>2-16-96</u> | |
| Date _____ | | Date _____ | | Date Due <u>3-1-96</u> | |
| COMMENTS: _____ | | | | | |

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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

February 28, 1996

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

Summer Food Service Program for
Children, State Application Identifier
Number WI960216-027-N10559XX

Dear Superintendent Benson:

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

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

Sincerely,

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


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

| | | | | | | | |
|--|---------|---|---|--------------------------------------|------|------------------------------|------|
| 1 Applicant Agency Wisconsin Dept. of Public Instruction | | 2 CFDA # <u>10 • 559</u> | 3 Agency I.D. (Optional) | | | | |
| 4 Address (Street/City/State/Zip) 125 South Webster St., P.O. Box 7841 Madison, WI 53707 Contact Person: Mark E. Ibach Phone: (608) 267-9210 | | 5 Federal Agency to Receive Request USDA | | | | | |
| 8 Agency Project Title Summer Food Service Program for Children | | 6 Period of Funding Mo/Day/Year 05/01/96 04/30/97 | 7 Application Due Date Mo/Day/Year 02/15/96 | | | | |
| 11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified | | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified- Dates ROWE ED All | | | | | |
| 12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other | | 10 Area of Impact Counties/States Wisconsin | | | | | |
| 13 Number of Years Previously Funded | | | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$2,200,877</u> | | | | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions No. (FTE) | Type | Existing Positions No. (FTE) | Type |
| EQ | Federal | PR-F | \$ 72,784 | | | 1.22 | Perm |
| HU | Federal | PR-F | \$ 2,128,093 | | | | |
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| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.1%</u> Base <u>68,599</u> Amount <u>\$4,185</u> <input type="checkbox"/> No | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) John Benson | | Title if other than Agency Secretary | | | |
| | | Signature  | | Date 2/12/96 | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | |
| Reviewing Analyst <u>Bob Chamer</u> Phone <u>6-1923</u> | | SAI Number <u>WI960216-027-N</u> | | Date Received <u>2-16-96</u> | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | Signature <u>Bob Chamer</u> Date <u>2-27-95</u> | | Date Due <u>3-1-96</u> | | | |
| COMMENTS: | | | | | | | |

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550
XX

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



Mailing Address:
Post Office Box 7868
Madison, WI 53707-7868

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

February 21, 1996

Steven D. Sell
Executive Director
Office of Justice Assistance
222 State Street - 2nd Floor
Madison, WI 53702

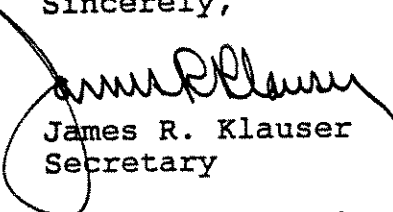
Drug Control and System Improvement
(FFY 96 Edward Byrne Formula Grant
Program), State Application Identifier
Number WI960216-026-N16579XX

Dear Mr. Sell:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Drug Control + System Improvement

| | | | | | |
|--|---|---|--|---|--------------------------------------|
| 1 Applicant Agency Wisconsin Office of Justice Assistance | | 2 CFDA # <u>16 579</u> | 3 Agency I.D. (Optional) 96-01 Anti-Drug | | |
| 4 Address (Street/City/State/Zip) 222 State Street, Second Floor Madison, WI 53702 Contact Person Linda Miller Phone 266-9653 | | 5 Federal Agency to Receive Request U.S. Department of Justice | | | |
| | | 6 Period of Funding Mo/Day/Year <u>10-01-95</u> <u>09-30-98</u> | 7 Application Due Date Mo/Day/Year <u>03-01-96</u> | | |
| 8 Agency Project Title FFY '96 Edward Byrne Formula Grant Prog. | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates WI DOA <u>2-9-96</u> <u>NO WI</u> <u>All EO</u> | | | |
| 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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____ | | | | |
| 13 Number of Years Previously Funded <u>8</u> | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>3,086,000</u> | | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions No. (FTE) Type | Existing Positions No. (FTE) Type |
| 620 | Penalty Ast. | PR | \$ 349,990 | | |
| 621 | Penalty Ast. | PR | \$ 103,302 | | |
| 630 | Penalty Ast. | PRS | \$ 101,800 | | 1.40 Perm |
| 646 | Federal | PRF | \$ 1,749,950 | | |
| 647 | Federal | PRF | \$ 1,336,050 | | 4.10 Perm |
| | Local | Local | \$ 233,327 | | .80 Unclass |
| | State DOJ | GPR/DNA | \$ 254,214 | | |
| | | | \$ | | |
| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6%</u> Base <u>219,821</u> Amount <u>13,189</u> <input type="checkbox"/> No | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) Steven D. Sell Signature <i>Steven D. Sell</i> | | Title if other than Agency Secretary Executive Director Date 2-14-96 | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | |
| Reviewing Analyst <i>Pat Heaney</i> <i>Mike Heaney</i> | | Phone <u>7-0370</u> | | SAI Number <u>WI960216-036-N</u> | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | Date <u>2-21-96</u> | | Date Received <u>2-16-96</u> Date Due <u>3-1-96</u> | |
| Signature <i>Mike Heaney</i> | | | | 16 579 | |
| 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

February 21, 1996

Mark D. Bugher
Secretary
Department of Revenue
PO Box 8933
Madison, WI 53708

Motor Fuel Tax Compliance,
State Application Identifier
Number WI960205-023-N00000XX

Dear Secretary Bugher:

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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 REVENUE | 2 CFDA # _____ | 3 Agency I.D. (Optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------------------|--------|--------------|--------|---------------|---------------|--------------------|--------------------|-----------|------|-----------|------|----|---------|------|-----------|--|--|---|---------|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip) P.O. Box 8933 Madison, WI 53708 Contact Person Diane Hardt Phone 266-6798 | 5 Federal Agency to Receive Request | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 Period of Funding Mo/Day/Year July 1996 July 1997 | 7 Application Due Date Mo/Day/Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title Motor Fuel Tax Compliance | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>MCFDA #</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____ | 10 Area of Impact Counties/Stater Illinois Indiana Michigan Ohio Kentucky Minnesota Missouri Wisconsin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Number of Years Previously Funded <u>4</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$43,729</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 style="text-align: center;">EQ</td> <td style="text-align: center;">Federal</td> <td style="text-align: center;">PR-F</td> <td style="text-align: right;">\$ 43,729</td> <td></td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">Project</td> </tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | No. (FTE) | Type | No. (FTE) | Type | EQ | Federal | PR-F | \$ 43,729 | | | 1 | Project | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | |
| Numeric Appropriation | Source | Revenue Type | | | | | Amount | New Positions | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EQ | Federal | PR-F | \$ 43,729 | | | 1 | Project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) Mark D. Bugher Signature <i>[Signature]</i> Title if other than Agency Secretary Date <u>July 24, 1996</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <i>Paul Ziefer</i> Phone <u>6-5468</u> Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature <i>Paul Ziefer</i> Date <u>2/21/96</u> | | SAI Number <u>WI960205-023-N</u> Date Received <u>2/5/96</u> 000 Date Due <u>2/19/96</u> 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

February 16, 1996

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

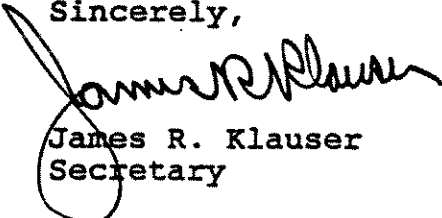
Market Protection and Promotion (FY96
Cooperative Pesticide Recordkeeping
Program), State Application Identifier
Number WI960208-024-N10163XX

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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

Market Protection & Promotion

| | | | | | |
|--|--|--|--|--|--|
| 1 Applicant Agency <u>WI Dept. of Agriculture</u> <u>Trade & Consumer Protection</u> | | 2 CFDA # <u>10-163</u> | | 3 Agency I.D. (Optional) | |
| 4 Address (Street/City/State/Zip) <u>2811 Agriculture Drive, P.O. Box 8911</u> <u>Madison, WI 53708-8911</u> Contact Person <u>Ned Zuelsdorff</u> Phone <u>608/224-4550</u> | | 5 Federal Agency to Receive Request <u>USDA/Agricultural Marketing Service</u> | | 6 Period of Funding Mo/Day/Year <u>11/01/95</u> <u>09/30/96</u> | |
| 8 Agency Project Title <u>FY 96 Cooperative Pesticide Recordkeeping Program</u> | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 7 Application Due Date Mo/Day/Year <u>1/30/96</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>Statewide</u> | |
| 13 Number of Years Previously Funded <u>2</u> | | DOA <u>All</u> | | 1/30/96 - | |

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

Total Federal Funds Applied For 26,961

| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | |
|-----------------------|--------------|--------------|------------------|---------------|------|--------------------|-------------|
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| <u>F7 1E-</u> | <u>FED</u> | <u>PR-F</u> | <u>\$</u> | | | | <u>Perm</u> |
| <u>F8 4K4</u> | <u>FED</u> | <u>PR-F</u> | <u>\$ 2,558</u> | | | | |
| <u>S7 15-</u> | <u>State</u> | <u>SEG</u> | <u>\$</u> | | | | <u>Perm</u> |
| <u>S7 17-</u> | <u>State</u> | <u>SEG</u> | <u>\$</u> | | | | <u>Perm</u> |
| <u>S7 18-</u> | <u>State</u> | <u>SEG</u> | <u>\$ 24,403</u> | | | | <u>Perm</u> |
| <u>S7 19-</u> | <u>State</u> | <u>SEG</u> | <u>\$</u> | | | | <u>Perm</u> |
| | | | <u>\$</u> | | | | |
| | | | <u>\$</u> | | | | |

15 Indirect Cost Reimbursement
 Yes Rate 20.26% or Per Personnel 12,628 Amount 2,558 No

16 Authorizations

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

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

| | | |
|--|-------------------------------|------------------|
| Reviewing Analyst <u>Jacky Jugenheimer</u> Phone <u>6-7597</u> | SAI Number <u>WI960208-02</u> | 4-N 10 163 |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | Date Received <u>2/8/96</u> | |
| Signature <u>Russell Brummen</u> Date <u>2/15/96</u> | Date Due <u>2/22/96</u> | |

COMMENTS:

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

February 14, 1996

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

Resource Conservation and Development
(Continuation of North 20 RC&D Agreement),
State Application Identifier Number
WI960202-019-N10901XX

Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

Resource Conservation + Dev.

| 1 Applicant Agency Department of Natural Resources | | | 2 CFDA# 10.901 | | 3 Agency I.D. (Optional) <i>662</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------|--|---|---|---|--------------------|-----------------------|--------|--------------|--------|---------------|--|--------------------|--|-----------|------|-----------|------|--------|---------|-------|----------|---|--|---|-----------|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 | | | 5 Federal Agency to Receive Request USDA Forest Service S&PF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person Jack Hoisington Phone (608) 266-1993 | | | 6 Period of Funding Mo/Day/Year 10/1/95 9/30/96 | | 7 Application Due Date Mo/Day/Year asap | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title Continuation of North 20 RC&D Agreement | | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>leads w/</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: More than 5 years Yes JAN 26 1996 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (Including Federal indirect costs) Total Federal Funds Applied For <u>\$72,000</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>181-12</td> <td>Federal</td> <td>SEG-F</td> <td>\$72,000</td> <td>0</td> <td></td> <td>1</td> <td>Permanent</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | | Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | No. (FTE) | Type | No. (FTE) | Type | 181-12 | Federal | SEG-F | \$72,000 | 0 | | 1 | Permanent | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 181-12 | Federal | SEG-F | \$72,000 | 0 | | 1 | Permanent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$53,200</u> Amount <u>\$12,800</u> <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) Darrell Bazzell <i>Darrell Bazzell</i> | | Title if other than Agency Secretary Administrator/OPA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Signature <i>Darrell Bazzell</i> | | Date 1-24-96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <u>Kirsten Grundo</u> | | Phone <u>6-7973</u> | | SAI Number <u>WT 96000-019-N</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | Date Received <u>2/2/96</u> | | Date Due <u>2/16/96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature _____ | | Date _____ | | Date Due _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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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

February 14, 1996

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

Cooperative Forestry Assistance
(Natural Resources Conservation
Education), State Application
Identifier Number WI960202-010-N10664XX

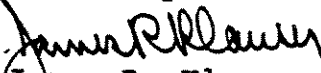
Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

| 1 Applicant Agency Department of Natural Resources | | 2 CFDA# 10.864 | | 3 Agency I.D. (Optional) <i>659</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Jack Hoisington Phone (608) 266-1993 | | 5 Federal Agency to Receive Request USDA Forest Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Agency Project Title Natural Resources Conservation Education | | 7 Period of Funding Mo/Day/Year 10/1/95 6/30/97 | | 7 Application Due Date Mo/Day/Year ASAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified | | 12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other: | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouse: Notified Dates <i>needs at</i> <i>ES</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Number of Years previously funded: Four | | Yes <input type="checkbox"/> No <input type="checkbox"/> All <input type="checkbox"/> | | 10 Area of Impact Counties/States Statewide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (Including Federal indirect costs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Federal Funds Applied For <u>\$10,000</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JAN 26 1996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | | | | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 181-12 | Federal | SEG-F | \$10,000 | 0 | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 161-12 | State - Match | SEG | \$10,000 | 0 | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$14,266</u> Amount <u>\$3,435</u> <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) Darrell Bazzell Signature <i>Darrell Bazzell</i> | | Title if other than Agency Secretary Administrator/OPA Date <u>1-24-96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <u>Kristen Grinde</u> Phone <u>6-7973</u> SAI Number <u>WI960202-010-N10</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature <u>Kristen Grinde</u> Date <u>2/12/96</u> Date Received <u>2/2/96</u> Date Due <u>2/16/96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

February 14, 1996

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

Cooperative Forestry Assistance
(Stewardship Program), State Application
Identifier Number WI960202-011-N10664XX


Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

| 1 Applicant Agency Department of Natural Resources | | | 2 CFDA# 10.864 | | 3 Agency I.D. (Optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|---|---|---|--|--|---------|--------------|--------|--------------------|--|--------------------|--|-----------|------|-----------|------|--------|---------|-------|-----------|---|--|---|---------|--------|-------------|-----|-----------|---|--|---|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Jack Hoisington Phone (608) 268-1993 | | | 5 Federal Agency to Receive Request USDA Forest Service | | | 6 Period of Funding Mo/Day/Year 10/1/95 9/30/96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title Stewardship Program | | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>needs WI</i> <i>EO</i> | | 10 Area of Impact Counties/States Statewide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified | | 12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other: | 13 Number of Years previously funded: More than 5 years YES/N 2 6 1996 All | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$178,300</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>181-12</td> <td>Federal</td> <td>SEG-F</td> <td>\$178,300</td> <td>0</td> <td></td> <td>1</td> <td>Project</td> </tr> <tr> <td>161-12</td> <td>State-match</td> <td>SEG</td> <td>\$178,300</td> <td>0</td> <td></td> <td>0</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | No. (FTE) | Type | No. (FTE) | Type | 181-12 | Federal | SEG-F | \$178,300 | 0 | | 1 | Project | 161-12 | State-match | SEG | \$178,300 | 0 | | 0 | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | | | | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 181-12 | Federal | SEG-F | \$178,300 | 0 | | 1 | Project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 161-12 | State-match | SEG | \$178,300 | 0 | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$178,362</u> Amount <u>\$42,468</u> <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) Darrell Bazzell Signature <i>Darrell Bazzell</i> | | Title if other than Agency Secretary Administrator/OPA Date <u>1-24-96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <u>Kirsta Grinde</u> Phone <u>6-7973</u> SAI Number <u>WI 96020-011-N</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature <u>Kirsta Grinde</u> Date <u>2/12/96</u> Date Received <u>2/2/96</u> Date Due <u>2/16/96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

February 14, 1996

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

Cooperative Forestry Assistance
(Urban and Community Forestry),
State Application Identifier Number
WI960202-012-N10664XX

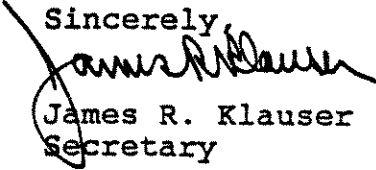
Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

| 1 Applicant Agency Department of Natural Resources | | | 2 CFDA# 10.664 | | 3 Agency ID. (Optional) <i>665</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|---|---|--|--|--|--|--------|--------------|--------|---------------|--|--------------------|--|-----------|------|-----------|------|--------|---------|-------|-----------|---|--|---|--|--------|---------|-------|-----------|--|--|--|--|--------|-------------|-----|-----------|--|--|--|--|--------|-------------|-----|-----------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Jack Hoisington Phone (608) 266-1993 | | | 5 Federal Agency to Receive Request USDA Forest Service | | | 6 Period of Funding Mo/Day/Year 10/1/95 6/30/98 | 7 Application Due Date Mo/Day/Year ASAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title Urban and Community Forestry | | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates | | 10 Area of Impact County/States Statewide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified | | 12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other: | | <i>Needs</i> <i>WJ</i> <i>ED</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Number of Years previously funded: More than 5 years | | | Yes JAN 26 1996 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Federal Funds Applied For <u>\$206,000</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 181-12 | Federal | SEG-F | \$ 80,000 | 0 | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 583-53 | Federal | SEG-F | \$125,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 161-12 | State-Match | SEG | \$138,872 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 672-52 | State-Match | SEG | \$ 66,128 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$123,949</u> Amount <u>\$29,846</u> <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) Darrell Bezell Signature <i>Darrell Bezell</i> | | Title if other than Agency Secretary Administrator/OPA Date <u>1-24-96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <u>Kirsten Guindo</u> Phone <u>6-7972</u> SAI Number <u>WI960202-012-N</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature <u>Kirsten Guindo</u> Date <u>2/12/96</u> Date Received <u>2/2/96</u> Date Due <u>2/16/96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

February 14, 1996

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

Cooperative Forestry Assistance
(Rural Community Fire Protection
Section 10(b)(3), State Application
Identifier Number WI960202-013-N10664XX

Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

| 1 Applicant Agency Department of Natural Resources | | | 2 CFDA# 10.664 | | 3 Agency I.D. (Optional) <i>663</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|---|---|---|--|--------------------|-----------------------|--------|--------------|--------|---------------|--|--------------------|--|-----------|------|-----------|------|--------|---------|-------|----------|--|--|--|--|--------|-------------|-----|----------|--|--|--|--|--|-------------|---------|----------|--|--|--|--|--------|---------|-------|----------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Jack Hoisington Phone (608) 266-1993 | | | 5 Federal Agency to Receive Request USDA FOREST SERVICE - S&PF | | 6 Period of Funding Mo/Day/Year 10/1/95 9/30/96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title Rural Community Fire Protection (RCFP) Section 10(b)(3), Coop. Forestry Asst. Act | | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>needs it</i> <i>EO</i> | | 10 Area of Impact County/States Statewide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified | | 12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other: | | 13 Number of Years previously funded: More than 5 years Yes <u>JAN 26 1996</u> AE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$51,600</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>181-12</td> <td>Federal</td> <td>SEG-F</td> <td>\$ 5,924</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>161-12</td> <td>State-Match</td> <td>SEG</td> <td>\$ 8,672</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Local-Match</td> <td>In Kind</td> <td>\$45,676</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>583-53</td> <td>Federal</td> <td>SEG-F</td> <td>\$45,676</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | | Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | No. (FTE) | Type | No. (FTE) | Type | 181-12 | Federal | SEG-F | \$ 5,924 | | | | | 161-12 | State-Match | SEG | \$ 8,672 | | | | | | Local-Match | In Kind | \$45,676 | | | | | 583-53 | Federal | SEG-F | \$45,676 | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Local-Match | In Kind | \$45,676 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 583-53 | Federal | SEG-F | \$45,676 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$6,848</u> Amount <u>\$1,649</u> <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) Darrell Bazzell Signature <i>Darrell Bazzell</i> | | Title if other than Agency Secretary Administrator/OPA Date <u>1-24-96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <u>Kirsten Guinde</u> Phone <u>6-7993</u> | | SAI Number <u>WI960202-0</u> | | Date Received <u>2/2/96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | Signature <u>Kirsten Guinde</u> Date <u>2/12/96</u> | | Date Due <u>2/16/96</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

February 14, 1996

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

Cooperative Forestry Assistance
(North American Sugar Maple Decline),
State Application Identifier Number
WI960202-014-N10664XX


Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

Federal-State Relations Office
101 S. Webster St., 8th Floor
P.O. Box 7888
Madison, WI 53707-7888
Telephone (608) 267-2125

| 1 Applicant Agency Department of Natural Resources | | | 2 CFDA# 10.664 | | 3 Agency I.D. (Optional) <i>666</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Jack Hoisington Phone (608) 266-1993 | | | 5 Federal Agency to Receive Request USDA Forest Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6 Period of Funding Mo/Day/Year 4/1/96 3/31/97 | | 7 Application Due Date Mo/Day/Year ASAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title North American Sugar Maple Decline | | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs</i> <i>WJ</i> <i>ET</i> | | 10 Area of Impact Counties/Stater Statewide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified | | 12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other: | | 13 Number of Years previously funded: More than 5 years. Yes <i>JAN 26 1996 AM</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$16,000</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>181-12</td> <td>Federal</td> <td>SEG-F</td> <td>\$16,000</td> <td>0</td> <td></td> <td>0</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | | Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | No. (FTE) | Type | No. (FTE) | Type | 181-12 | Federal | SEG-F | \$16,000 | 0 | | 0 | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 181-12 | Federal | SEG-F | \$16,000 | 0 | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$7,840</u> Amount <u>\$1,888</u> <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) Darrell Bazzell Signature <i>Darrell Bazzell</i> | | Title if other than Agency Secretary Administrator/OPA Date <i>1-24-96</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <i>Kristin Grinde</i> Phone <i>6-7973</i> SAI Number <i>WI960202-014-N</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | | | Date Received <i>2/2/96</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature <i>Kristin Grinde</i> Date <i>2/12/96</i> | | | | Date Due <i>2/16/96</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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