

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_pt80

➤ Record of Comm. Proceedings ... RCP

➤ **

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
(Nursery and Tree Improvement),
State Application Identifier Number
WI960202-015-N10664XX

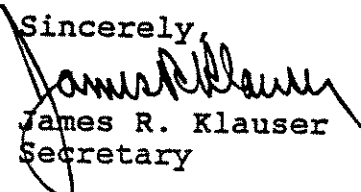
Dear Mr. Bazzell:

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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) 267-2128

1 Applicant Agency Department of Natural Resources			2 CFDA# 10.664		3 Agency I.D. (Optional) <i>660</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																																																																						
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STATE OF WISCONSIN
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101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON
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JAMES R. KLAUSER
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Mailing Address:
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February 14, 1996

Darrell Bazzell, Administrator
Office of Planning and Analysis
Department of Natural Resources
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Madison, WI 53702

Cooperative Forestry Assistance
(Forest Resources Management),
State Application Identifier
Number WI960202-016-N10664XX

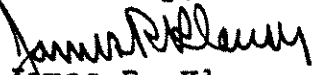
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Department of Administration
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(Formerly FDA 50)

Federal-State Relations Office
101 S. Webster St., 9th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone (608) 267-2125

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8 Agency Project Title Forest Resources Management (previously called Rural Forestry Assistance)			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs at ES</i>		10 Area of Impact Counties/States Statewide																																																																				
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10
604

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



Mailing Address:
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Madison, WI 53707-7864

TOMMY G. THOMPSON
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February 14, 1996

Darrell Bazzell, Administrator
Office of Planning and Analysis
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101 S. Webster Street, 5th Floor
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Cooperative Forestry Assistance
(Forest Health Management),
State Application Identifier
Number WI960202-017-N10664XX

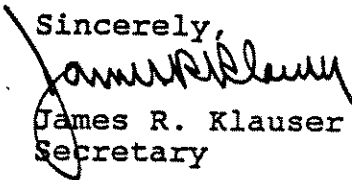
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(Formerly FDA 50)

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P.O. Box 7868
Madison, WI 53707-7868
Telephone (608) 267-2126

1 Applicant Agency Department of Natural Resources	2 CFDA# 10.664	3 Agency I.D. (Optional) <i>655</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	7 Application Due Date Mo/Day/Year ASAP

8 Agency Project Title Forest Health Management	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Date <i>Needs AF</i> <i>ES</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 <i>JAN 26 1996</i> All

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

Total Federal Funds Applied For \$87,700

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
181-12	Federal	SEG-F	\$87,700	0		0	
161-12	State-Match	SEG	\$87,700				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement

Yes Rate 24.08% Base \$114,413 Amount \$27,551 No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Derrell Bazzell Signature <i>Derrell Bazzell</i>	Title if other than Agency Secretary Administrator/OPA Date <i>1-24-96</i>
---	---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Kirsten Grinde Phone 6-7973 SAI Number 01960202-017-N1

Recommendation: Approve Approve With Conditions Deny

Signature Kirsten Grinde Date 2/12/96 Date Received 2/2/96 Date Due 2/16/96

COMMENTS:

669
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
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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 Fire Prevention & Control
Section 10(b)(2), State Application
Identifier Number WI960202-018-N10664XX


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Department of Natural Resources
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Madison, WI 53702

Wetland Protection (A Wetland Restoration
Strategy for Wisconsin), State Application
Identifier Number WI960129-008-N66461XX

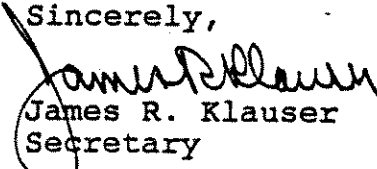
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1 Applicant Agency Department of Natural Resources		2 CFDA# 66.461	3 Agency I.D. (Optional) <i>66461</i>																																																																				
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person: Ed Boebel Phone: 608/266-9252		5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																					
6 Period of Funding Mo/Day/Year 10-01-96 09-30-97		7 Application Due Date Mo/Day/Year 02-01-96																																																																					
8 Agency Project Title <i>Wetland Protection</i> A Wetland Restoration Strategy for Wisconsin		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs WT</i> <i>EO</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:		1-18-96 AIE																																																																					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$50,413</u>																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$41,503</td> <td>1.0</td> <td>PROJ-05</td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$8,910</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$13,832</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td></td> <td></td> <td>\$2,970</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	241	Federal	PR-F	\$41,503	1.0	PROJ-05			846	Federal	PR-F	\$8,910					201	State	GPR	\$13,832					801			\$2,970								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																													
				No. (FTE)	Type	No. (FTE)	Type																																																																
241	Federal	PR-F	\$41,503	1.0	PROJ-05																																																																		
846	Federal	PR-F	\$8,910																																																																				
201	State	GPR	\$13,832																																																																				
801			\$2,970																																																																				
			\$																																																																				
			\$																																																																				
			\$																																																																				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$49,335</u> Amount <u>\$11,880</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:																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																							
Reviewing Analyst: <i>Dave Schmiedtke</i> Phone: <u>6-1040</u>		SAI Number: <u>WI 960129-008-N</u>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received: <u>1-19-96</u>																																																																					
Signature: <i>Russell Rasmussen</i> Date: <u>1/30/96</u>		Date Due: <u>2-1-96</u>																																																																					

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H-779-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

WI 950901-254a-N00000XX

1 Applicant Agency DHSS		2 CFDA # _____	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1. W Wilson Street, P.O. Box 7850 Madison, WI 53701 Contact Person: Judy Courtney Phone: 608-266-5753		5 Federal Agency to Receive Request Health Care Financing Administration-Chi	
8 Agency Project Title Clinical Laboratory Improvement Amendment (CLIA Program)		6 Period of Funding Mo/Day/Year 10/01/95 09/30/96	7 Application Due Date Mo/Day/Year 09/01/95
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No CFRA	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Statewide	
13 Number of Years Previously Funded _____			

14 Funding, Allotment and Position Data (including Federal indirect costs) 428,824							
Total Federal Funds Applied For				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR/F	\$ 428,824			5.00	Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 10.5% Base 227,841 Amount 23,934
 No

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorand	Title if other than Agency Secretary Deputy-Secretary-DHSS
	Signature <i>Richard W. Lorand</i>	Date 8-27-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Sue Jablonsky* Phone: *7-9540* SAI Number: *WI 950901-254a-N*
Recommendation: Approve Approve With Conditions Deny Date Received: *9-1-95*
Signature: _____ Date: _____ Date Due: *Dec 1*

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

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logged on 2/96. 2/19-out same to SJ.

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Wi. Dept. Of Health & Social Services		2 CFDA # <u>93.572</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson Street P.O. Box 7935 Madison, Wi., 53707-7935		5 Federal Agency to Receive Request Dept. of Health & Human Services	
Contact Person Susan G. Levy Phone 608;266-0578		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 Emergency Community Services Homeless Grant Program(EHP)		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Del</i> <i>ED</i>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		10 Area of Impact Counties/States Statewide	
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other		13 Number of Years Previously Funded EIGHT(8)	
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$246,467			

Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
440	Federal	Admin.	\$ 12,523				
441	Federal	Aides	\$ 234,144				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
Signature <i>Richard W. Lorang</i>	Date 10.3.95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Brecker Fournier Phone 6-2288 SAI Number WI951005-288-N93

Recommendation: Approve Approve With Conditions Deny Date Received 10-5-95 572

Signature _____ Date _____ Date Due Del. 28

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

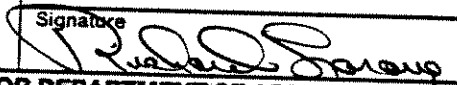
10/5-7020 to 6F

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-792-1

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

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

1 Applicant Agency DEPARTMENT OF HEALTH & SOCIAL SERVICES		2 CFDA # <u>930991</u>	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) 1414 EAST WASHINGTON AVE., ROOM 167 MADISON, WI 53703-3044 Contact Person TOM CONWAY Phone 267-3860		5 Federal Agency to Receive Request CENTERS FOR DISEASE CONTROL					
8 Agency Project Title PREVENTIVE HEALTH & HEALTH SERVICES (PREVENTION) BLOCK GRANT		6 Period of Funding Mo/Day/Year <u>10/1/95</u> <u>9/30/97</u>	7 Application Due Date Mo/Day/Year <u>1/1/96</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		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed</u> <u>EO</u> All					
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States STATEWIDE					
13 Number of Years Previously Funded FIFTEEN (15)							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$3,169,066							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
190	FEDERAL	PR-F	\$1,447,474			20.05	PERM
192	FEDERAL	PR-F	\$1,721,592				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>14.1%</u> Base <u>\$833,987.00</u> Amount <u>\$117,500</u> <input type="checkbox"/> No							
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) RICHARD W. LORANG		Title if other than Agency Secretary DEPUTY SECRETARY			
		Signature 		Date <u>1-4-96</u>			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Sue Jablonsky</u>		Phone <u>7-95416</u>		SAI Number <u>W1960109-002-N81502XX</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>S. Jablonsky</u>		Date Received <u>1-10-96</u>		Date Due <u>1-23-96</u>	
		Date <u>2/16/96</u>					

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

February 12, 1996

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


Agricultural Conservation Program,
State Application Identifier Number
WI960202-021-N10063XX

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-8-88)
(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# 10.063		3 Agency LD, (Optional) 654					
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 9/30/96		7 Application Due Date Mo/Day/Year ASAP					
8 Agency Project Title Agricultural Conservation Program (ACP)				9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no fed EO</i>		10 Area of Impact Counties/States 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 JAN 26 1996 ^{AK}							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$35,325</u>											
Numeric Appropriation		Source		Revenue Type		Amount		New Positions No. (FTE) Type		Existing Positions No. (FTE) Type	
181-12		Federal		SEG-F		\$35,325				2 Permanent	
						\$					
						\$					
						\$					
						\$					
						\$					
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$28,470</u> Amount <u>\$6,856</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 Grinde</u> Phone <u>6-7973</u>				SAI Number <u>WI960202-021-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>							
Signature <u>Kirsten Grinde</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 12, 1996

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

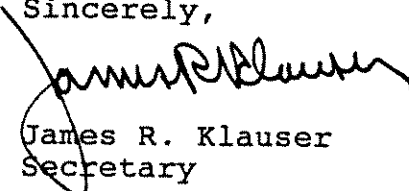
Forestry Incentives Program,
State Application Identifier Number
WI960202-020-N10064XX

Dear Mr. Bazzell:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

1 Applicant Agency Department of Natural Resources			2 CFDA# 10.064		3 Agency I.D. (Optional) 656																																																																					
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		7 Application Due Date Mo/Day/Year ASAP																																																																					
8 Agency Project Title Forestry Incentives Program (FIP)			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Date No Fed EO		10 Area of Impact Counties/States Statewide																																																																					
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:		13 Number of Years previously funded: More than 5 years YGAN 2 6 1996 A/E																																																																						
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$7,000</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>\$7,000</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	\$7,000	0		0					\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																				
				No. (FTE)	Type	No. (FTE)	Type																																																																			
181-12	Federal	SEG-F	\$7,000	0		0																																																																				
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$5,478</u> Amount <u>\$1,319</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 Guindo</u> Phone <u>6-7973</u>		SAI Number <u>WI960202-020-N</u>		Date Received <u>2/12/96</u>																																																																						
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Kirsta Guindo</i> Date <u>2/12/96</u>		Date Due <u>2/16/96</u>																																																																						
COMMENTS:																																																																										

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WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-789-1

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

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

for Women Infants & Children
Special Supplemental Food Program

1 Applicant Agency DHSS/DOH/BPH	2 CFDA # <u>10</u> • <u>557</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) Wisconsin WIC Program 1414 E. Washington Ave, Madison, WI Contact Person Patti Herrick Phone 266-53704-3821		5 Federal Agency to Receive Request USDA-Food and Consumer Services
6 Period of Funding Mo/Day/Year <u>1/15/96</u> <u>9/30/97</u>		7 Application Due Date Mo/Day/Year 11/27/95
8 Agency Project Title WIC Infrastructure Grant		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI</u> <u>ED</u> All
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	10 Area of Impact Counties/States Statewide
13 Number of Years Previously Funded <u>1</u>		

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

Total Federal Funds Applied For \$287,245

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
148	Federal	PR-F	\$ 287,245	none			
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Richard Lorang	Title if other than Agency Secretary Deputy Secretary
Signature <i>Richard Lorang</i>	Date 12-8-95

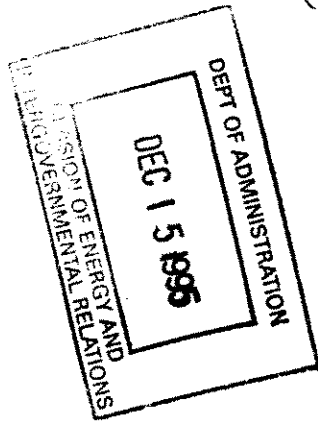
FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: She Jellensky Phone _____ SAI Number WT951218-330

Recommendation: Approve Approve With Conditions Deny Date Received 12-18-95

Signature _____ Date _____ Date Due Dec.

COMMENTS:



Comments Continued on Reverse or on a Separate Sheet

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557
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WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

For Women, Infants & Children
Special Supplemental Food Program

1 Applicant Agency DHSS/DOH/BPH		2 CFDA # 10-557	3 Agency LD. (Optional)
4 Address (Street/City/State/Zip) PO Box 309 1414 E. Washington, Madison WI 53703 Contact Person Patti Herrick Phone 266-3821		5 Federal Agency to Receive Request USDA/Food & Consumer Services	
8 Agency Project Title Wisconsin WIC Farmers' Market Nutrition Program		6 Period of Funding Mo/Day/Year 10/1/95 09/30/96	7 Application Due Date Mo/Day/Year 11/15/95
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates None WT EO	
13 Number of Years Previously Funded one		10 Area of Impact Counties/States Dane Eau Claire Milwaukee	

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

Total Federal Funds Applied For \$261,333

Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
148	Federal	PR-F	\$ 261,333	1.0	Perm	.10	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 14.1% Base 18,972 Amount 2,675 No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary Date 11-15-95
--	---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Fittide Boor Phone 6-2224 SAI Number WT960129-007-N

Recommendation: Approve Approve With Conditions Deny Date Received 1-25-96

Signature S Jablonsky Date 2/2/96 Date Due 2-12-96

COMMENTS: This is a continuation of an existing grant to provide WIC coupons to women to use at farmers markets. This sheet incorrectly identified new position authority - they don't need position authority because they'll be using an ITE. So technically the grant is continuing unchanged

10
557
22

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-740-1

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 OFFICE OF MANAGEMENT & POLICY		2 CFDA # 9 3 1 3 0		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) P.O. Box 309 Madison WI 53701-0309 Contact Person Rick Heinz <i>services</i> Phone 608-267-7122		5 Federal Agency to Receive Request <i>QSC</i>		6 Period of Funding Mo/Day/Year 4/1/96 3/31/97	
8 Agency Project Title PRIMARY CARE (COOPERATIVE AGREEMENT)		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no req</i> <i>EO</i>		7 Application Due Date Mo/Day/Year 12/15/95	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States WI (ALL)	
13 Number of Years Previously Funded 9		All			

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
149	FEDERAL	PR	\$ 110,811			1.8 Perm
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

15 Indirect Cost Reimbursement
 Yes Rate 15.3 Base \$72,396 Amount \$11,077 No

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard Lorang Signature <i>Richard Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date 12-13-95
--	---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Sue Jablonsky* Phone *79546* SAI Number *W957218-333-N*
 Recommendation: Approve Approve With Conditions Deny Date Received *12-18-95* *93*
 Signature _____ Date _____ Date Due *Del.* *13c*

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 DEPT. OF HEALTH & SOCIAL SERVICES		2 CFDA # <u>9 3 6 7 4</u>					
4 Address (Street/City/State/Zip) 1 W WILSON, ROOM 465 P O BOX 7851 MADISON WI 53702 Contact Person LINDA HISGEN Phone 608-266-6799		5 Federal Agency to Receive Request DEPT. OF HEALTH & HUMAN SERVICES					
		6 Period of Funding Mo/Day/Year <u>10-1-96</u> <u>9-30-97</u>	7 Application Due Date Mo/Day/Year 1-31-96				
8 Agency Project Title <u>YOUTH INDEPENDENT LIVING INITIATIVE</u>		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>no fed</u> <u>EO</u> All					
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____					
13 Number of Years Previously Funded		10 Area of Impact Counties/States STATEWIDE					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,554,305</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
641/7 41	Federal	PR-F	\$ 1,554,305			2.5	PERM
	State/Local	Match	\$ 555,109				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>5%</u> Base <u>\$104,550</u> Amount <u>\$5,228</u> <input type="checkbox"/> No							
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) RICHARD W LORANG Signature <u>[Signature]</u>		Title if other than Agency Secretary DEPUTY SECRETARY Date <u>1-30-96</u>			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>[Signature]</u> Phone <u>622-88</u>		SAI Number <u>WF 96 0205-022-N</u>		Date Received <u>2/5/96</u>		Date Due <u>[Signature]</u>	
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature _____		Date _____			
COMMENTS:							

93
674
XX

H-791-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Department of Health and Social Services		2 CFDA # _____	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Rm. 96 Madison, WI 53703 Contact Person <i>Mark Bungy</i> Phone <i>7-4784</i>		5 Federal Agency to Receive Request <i>HHS Body Drug Admin FDA</i>	
8 Agency Project Title Mammography Quality Assurance Act (MQSA)		6 Period of Funding Mo/Day/Year <i>2/1/96-1/31/97</i>	7 Application Due Date Mo/Day/Year <i>Dec 29, 95</i>
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ All	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States <i>Statewide</i>	
13 Number of Years Previously Funded _____			

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$172,741</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PRF	\$ 172,741			2.0	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 14.1% Base \$90,907 Amount \$12,817 No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard W. Lorang</i>	Date <i>12-27-95</i>

Sue Johnson FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Till de Boer Phone 6-2214 SAI Number WI 960129-006 Not

Recommendation: Approve Approve With Conditions Deny Date Received 1/1/96 000

Signature _____ Date _____ Date Due 1/1/96 X6

COMMENTS:

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency WI DEPARTMENT OF HEALTH & SOCIAL SERVICES		2 CFDA # <u>93 • 671</u>					
3 Agency I.D. (Optional)		5 Federal Agency to Receive Request ACF: Office of Community Services					
4 Address (Street/City/State/Zip) Division of Community Services 1 W. Wilson Street, RM 465, Madison WI 53707		6 Period of Funding Mo/Day/Year 10-1-95					
Contact Person Linda Hisgen		7 Application Due Date Mo/Day/Year 12-30-95					
Phone 608-266-6799		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
8 Agency Project Title Family Violence Prevention + Domestic Abuse/Family Violence Services		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 Ten (10)		Clearinghouses: Notified Dates No WI EO All					
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For \$423,253							
Numeric Appropriation							
Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
641	Federal	PR-F	\$ 42,138			.575	Perm
741&750	Federal	PR-F	\$ 381,115				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 5% Base \$24,897 Amount \$1,245 <input type="checkbox"/> No							
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>[Signature]</i>					
		Title if other than Agency Secretary Deputy Secretary Date 12-27-85					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst Dretchen Fossam Phone 6-2514		SAI Number WI960D9-008-N					
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received 1-29-96					
Signature _____ Date _____		Date Due Del.					
COMMENTS:							

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671
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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

January 9, 1996

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

Crime Victim Assistance,
State Application Identifier
Number WI950516-132-N16575XX

Dear Attorney General Doyle:

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1/19/95 (2nd time) 5/17-5ccy

1 Applicant Agency Department of Justice		2 CFDA # 1-6-5-7-5	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. BOX 7951 Madison, WI 53707 Contact Person Phone		5 Federal Agency to Receive Request U.S. Department of Justice	7 Application Due Date Mo/Day/Year 6/1/95
8 Agency Project Title Crime Victim Assistance		6 Period of Funding Mo/Day/Year 10/1/94 9/30/96	
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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other	
13 Number of Years Previously Funded		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no yet</i> <i>EO</i> All	
14 Funding, Allotment and Position Data (including Federal indirect costs)		10 Area of Impact Counties/States Statewide	

Total Federal Funds Applied For **\$1,519,000**

Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	New Positions Type	Existing Positions No. (FTE)	Existing Positions Type
542	Federal	PR-F	\$1,519,000	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) James E. Doyle	Title if other than Agency Secretary Attorney General
Signature <i>James E. Doyle</i>	Date 5/10/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst **Regina Frank-Reece** Phone **6-8270** SAI Number **WI 95 0516-132**

Recommendations: Approve Approve With Conditions Deny Date Received **5-16-95**

Signature *Regina Frank-Reece* Date **5-16-95** Date Due **5-30-95**

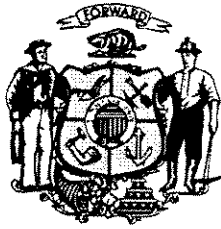
COMMENTS:

At r.
of 03/95

N16
575
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

January 12, 1996

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

Fiber Loading for Recycling Mixed Office Waste
Paper, State Application Identifier Number
WI951221-335-N81105YY

Dear Mr. Robinson:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

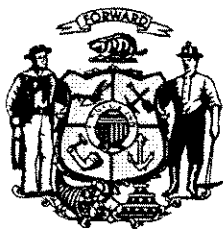
WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Department of Administration		2 CFDA # <u>81.105</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 101 E. Wilson St., 6th Floor P.O. Box 7868, Madison, WI 53707-7868 Contact Person Jolene Anderson Phone <u>6-7375</u>		5 Federal Agency to Receive Request U.S. Dept. of Energy		6 Period of Funding Mo/Day/Year 10/1/96 7/30/98	
8 Agency Project Title Fiber Loading for Recycling Mixed Office Waste Paper <i>NICE</i>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Noted EO</i>		7 Application Due Date Mo/Day/Year 1/12/96 10 Area of Impact Counties/States Outagamie	
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>0</u>					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$203,500</u>					
Numeric					
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)
ER	Federal	PR-F	\$ 202,637		33% of 1
	Indirect	PR-F (48)	\$ 863		
	Local	Match	\$ 250,486		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6%</u> Base <u>\$14,381</u> Amount <u>\$863</u> <input type="checkbox"/> No					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Nathaniel E. Robinson Signature <i>Nathaniel E. Robinson</i>		Title if other than Agency Secretary Administrator, Div. of Energy Date & Intergovernmental Relations	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <u>Pam Henning</u> Phone <u>7-0371</u>		SAI Number <u>WT951221-335-N81105</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>12/21/95</u>			
Signature <i>Pamela Henning</i>		Date <u>12-28-95</u>		Date Due <u>1/8/96</u>	

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



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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY

January 12, 1996

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

HVAC System Modification Technology, State Application
Identifier Number WI951222-336-N81105YY

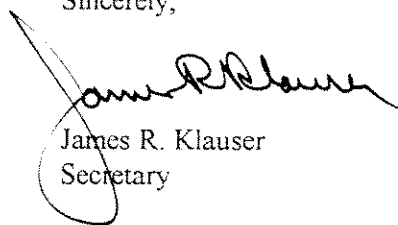
Dear Mr. Robinson:

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

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

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

Sincerely,



James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Department of Administration		2 CFDA # <u>81.105</u>		3 Agency I.D. (Optional)																																																																																																													
4 Address (Street/City/State/Zip) 101 E. Wilson St., 6th Floor P.O. Box 7868, Madison, WI 53707-7868 Contact Person Jolene Anderson Phone 266-7375		5 Federal Agency to Receive Request U.S. Dept. of Energy		7 Application Due Date Mo/Day/Year 1/12/96																																																																																																													
8 Agency Project Title <u>NICES</u> (HVAC System Modification Technology)		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO</u>		10 Area of Impact Counties/States Milwaukee																																																																																																													
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>0</u>																																																																																																													
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$425,000</u>																																																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>ER</td> <td>Federal</td> <td>PF-F</td> <td>\$ 228,485</td> <td></td> <td></td> <td>45% of 1</td> <td>Perm</td> </tr> <tr> <td></td> <td>*Indirect</td> <td></td> <td>\$ 196,515</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Local/<u>CORPORATE</u></td> <td>Match</td> <td>\$ 519,444</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> <p><i>*THIS IS MOSTLY PRIVATELY CLAIMED INDIRECT. STATE INDIRECT ANTICIPATED IS ONLY \$175</i></p>						Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	ER	Federal	PF-F	\$ 228,485			45% of 1	Perm		*Indirect		\$ 196,515						Local/ <u>CORPORATE</u>	Match	\$ 519,444								\$								\$								\$								\$								\$								\$								\$								\$								\$				
Appropriation	Source	Revenue Type	Amount	New Positions						Existing Positions																																																																																																							
				No. (FTE)	Type	No. (FTE)	Type																																																																																																										
ER	Federal	PF-F	\$ 228,485			45% of 1	Perm																																																																																																										
	*Indirect		\$ 196,515																																																																																																														
	Local/ <u>CORPORATE</u>	Match	\$ 519,444																																																																																																														
			\$																																																																																																														
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6%</u> Base <u>\$19,587</u> Amount <u>\$1,175</u> <input type="checkbox"/> No																																																																																																																	
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Nathaniel E. Robinson Signature <u>Nathaniel E. Robinson</u>		Title if other than Agency Secretary Administrator, Division of Energy Date & Intergovernmental Relations																																																																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																																																	
Reviewing Analyst <u>Pam Henning</u>		Phone <u>7-0371</u>		SAI Number <u>WI951222-326-N81105</u>																																																																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>12/22/95</u>		Date Due <u>1/8/96</u>																																																																																																													
Signature <u>Pamela J Henning</u>		Date <u>12-28-95</u>																																																																																																															

for August

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

January 30, 1996

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

Food Stamps (FCS State Exchange
Program), State Application Identifier
Number WI960111-003-N10551XX

Dear Secretary Leean:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

1 Applicant Agency Department of Health and Social Services			2 CFDA # <u>10-551</u>		3 Agency I.D. (Optional) DES 69 01	
4 Address (Street/City/State/Zip) 1 W Wilson St, P.O. Box 7935 Madison, WI 53707-7935 Contact Person Nadine Konrath DES BMO Phone 267-2187			5 Federal Agency to Receive Request Food and Consumer Services			7 Application Due Date Mo/Day/Year <u>01-15-96</u> <u>01-31-96</u>
8 Agency Project Title <i>Food Stamps</i> (FCS State Exchange Program)			9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed</i> <i>ET</i>		10 Area of Impact Counties/States Statewide	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Travel Expense</u>				
13 Number of Years Previously Funded <u>0</u>						

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$500</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
444	Federal	PRO F	\$ 500	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

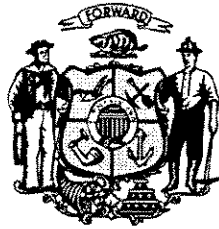
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date <u>1-9-86</u>
---	--	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jennifer Sargent Phone 608-267-3297 SAI Number WI1960111-003-W/ISS1
 Recommendation: Approve Approve With Conditions Deny Date Received 1-11-96
 Signature *Jennifer Sargent* Date _____ Date Due 1-23-96

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

TOMMY G. THOMPSON
GOVERNOR
JAMES R. KLAUSER
SECRETARY



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

January 12, 1996

William McCoshen, Secretary
Department of Development
123 West Washington Avenue
Madison, WI 537072

National Industrial Competitiveness through Energy, Environment
and Economics (NICE³), State Application Identifier Number
WI960112-004-N81105YY

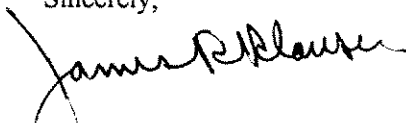
Dear Secretary McCoshen:

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

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

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

Sincerely,


James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE 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 Wisconsin Department of Development		2 CFDA # 81.105	3 Agency I.D. (Optional) 1-3
4 Address (Street/City/State/Zip) 123 West Washington Ave. P.O. Box 7970, Madison, WI 53707 Contact Person James M. Frymark Phone 608/266-2742		5 Federal Agency to Receive Request U.S. Department of Energy	
		6 Period of Funding Mo/Day/Year 4/1/96	7 Application Due Date Mo/Day/Year 1/16/96
8 Agency Project Title (NICE) National Industrial Competativeness through Energy, Environment, and Economics		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed	
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>Washington Co.</u> <u>Milwaukee Co.</u> <u>Ozaukee Co.</u> <u>Waukesha Co.</u> <u>Racine Co.</u> <u>Kenosha Co.</u>	
13 Number of Years Previously Funded 0			

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

Total Federal Funds Applied For **\$425,000**

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR-F	\$ 25,000				
150	Federal	PRF	\$400,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) William J. McCoshen	Title if other than Agency Secretary
	Signature 	Date 1/11/96

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Jackie Sudekell* Phone 6-7597 SAI Number 119160112-004-N 811057

Recommendation: Approve Approve With Conditions Deny

Signature *J. Sudekell* Date 6 Jan 96 Date Received 1-12-96 Date Due 1-16-96

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

January 8, 1996

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

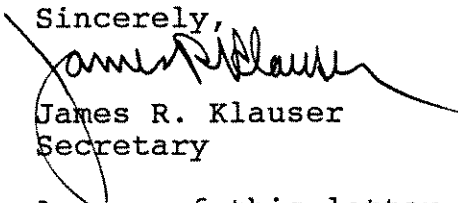
Coastal Wetlands Planning, Protection and
Restoration Act (Sensiba Wildlife Area), State
Application Identifier Number WI951206-320-N15614YY

Dear Mr. Bazzell:

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

Restoration Act
Coastal Wetlands Planning, Protection &

1 Applicant Agency Department of Natural Resources		2 CFDA# 19-FFC <i>15,614</i>		3 Agency I.D. (Optional) <i>646</i>																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Tim Grunewald Phone 608-264-6137		5 Federal Agency to Receive Request U.S. Fish and Wildlife Service		7 Application Due Date Mo/Day/Year 4/15/95																																																																					
8 Agency Project Title Sensiba Wildlife Area		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>lead at</i> <i>EO</i>		Area of Impact Counties/States Brown Co., Wisc.																																																																					
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																																							
13 Number of Years previously funded: 0		<i>11/27/95</i> All:																																																																							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$69,000</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>160</td> <td>State</td> <td></td> <td>\$35,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>136</td> <td>Private</td> <td></td> <td>\$35,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>182</td> <td>Federal</td> <td></td> <td>\$69,000</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	160	State		\$35,000					136	Private		\$35,000					182	Federal		\$69,000								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions						Existing Positions																																																															
				No. (FTE)	Type	No. (FTE)	Type																																																																		
160	State		\$35,000																																																																						
136	Private		\$35,000																																																																						
182	Federal		\$69,000																																																																						
			\$																																																																						
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																									
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell A. Bazzell Signature <i>Darrell Bazzell</i>		Title if other than Agency Secretary Administrator - OPA Date <i>11-21-95</i>																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																									
Reviewing Analyst <i>Shelby Morse</i> SAI Number _____ Phone <i>6-7973</i> WI <i>951200-320-N15</i>																																																																									
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature <i>Russell Rasmussen</i> Date <i>12-13-95</i> Date Received <i>12-6-95</i> Date Due <i>12-20-95</i>																																																																									
COMMENTS:																																																																									

logged

614
44

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

January 8, 1996

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

Coastal Wetlands Planning, Protection and
Restoration Act (Southeast Wisconsin Coastal
Habitat Project), State Application Identifier
Number WI951206-319-N00000ZZ

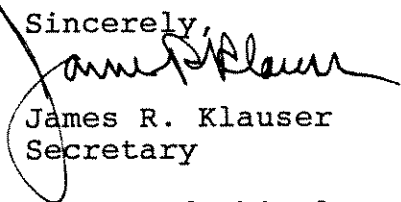
Dear Mr. Bazzell:

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

Coastal Wetlands Planning

Protection 5.614

for Ross

1 Applicant Agency Department of Natural Resources		2 CFDA # <u>19.550</u>	3 Agency I.D. (Optional) 647
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Tim Grunewald Phone 608-264-6137		5 Federal Agency to Receive Request U.S. Fish and Wildlife Service	
		6 Period of Funding Mo/Day/Year 1/1/96 1/1/98	7 Application Due Date Mo/Day/Year 4/15/95
8 Agency Project Title Southeast Wisconsin Coastal Habitat Project		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>needs WI</i>	Area of Impact Counties/States Brown, Calumet, Fond du Lac, Kenosha, Kewaunee, Manitowoc, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Washinton, & Waukesha counties/Wisconsin
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:	13 Number of Years previously funded: 0 <i>12-4-95</i>	

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$1,163,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
182	Federal		\$1,163,000				
136	Private(D.U.) Private(in-kind)		\$155,000 \$670,000				
125	State (HRA)		\$1,035,000				
124 129	State(WR/2)	<i>Seg</i>	\$125,000				
	State(End. Res)		\$308,500				
	State(DATCP-in-kind)		\$54,000				

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Darrel L. Bazzell	Title if other than Agency Secretary Administrator - OPA
<i>Rasmussen</i>	Signature <i>Darrel Bazzell</i>	Date <i>12-4-95</i>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Shelley Moore</i>	SAI Number	Phone <i>6-7973</i>	<i>WI 951200-319-N</i>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Signature <i>Russell Rasmussen</i>	Date <i>12/13/95</i>	Date Received <i>12-6-95</i> Date Due <i>12-20-95</i>

*000
22*

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

January 12, 1996

Joe Leean, Secretary
Department of Health and Social Services
1 W. Wilson Street, Room 650
Madison, WI 53702

RE: Childhood Immunization Program, State Application
Identifier Number WI951108-310-N93268XX

Dear Secretary Leean:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

H-785-1

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 Department of Health and Social Services		2 CFDA # 93 • 268	3 Agency I.D. (Optional) [Handwritten initials]				
4 Address (Street/City/State/Zip) 1414 E. Washington Ave. Madison, WI 53702 Contact Person Kenneth Baldwin Phone 266-1251		5 Federal Agency to Receive Request Centers for Disease Control					
8 Agency Project Title <u>Childhood Immunization Program</u>		6 Period of Funding Mo/Day/Year 01/01/96 12/31/96					
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		7 Application Due Date Mo/Day/Year 10/01/95					
12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input type="checkbox"/> Other		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WI ER All					
10 Area of Impact Counties/States Statewide		13 Number of Years Previously Funded _____					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$4,602,718							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PR-F	\$ 4,602,718	1.0	Perm	16.9	Perm
			\$	NOT NEW - REALLOCATING EXISTING POSITION AUTHORITY			
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 13.2% Base \$702,291 Amount \$92,702 <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature [Handwritten Signature]		Title if other than Agency Secretary Deputy Secretary Date 7-27-95			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Sue Jablonsky</u> Phone <u>7-9546</u>		Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		SAI Number <u>WI95/108-310-N</u>			
Signature <u>S. Jablonsky</u> Date <u>11/9/96</u>		Date Received <u>11-8-95</u>		Date Due <u>11-22-95</u>			

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

January 8, 1996

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

FY96 Consolidated Pesticide Cooperative
Agreement, State Application Identifier
Number WI951207-323-N66700XX (Amendment to
WI950929-280-N66700XX)

Dear Secretary Tracy:

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

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)

AMENDMENT To *W66700XX*

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

State Application Identifier WI 95 0929-280-

<p>1 Applicant Agency <u>WI Dept. of Agriculture</u> <u>Trade & Consumer Protection</u></p> <p>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></p> <p>8 Agency Project Title <u>FY 1996 Consolidated Pesticide</u> <u>Cooperative Agreement</u></p> <p>11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified </p>	<p>2 CFDA # <u>66700</u></p> <p>3 Agency I.D. (Optional)</p> <p>5 Federal Agency to Receive Request <u>US EPA, Region 5</u></p> <p>6 Period of Funding Mo/Day/Year <u>10/01/95</u></p> <p>7 Application Due Date Mo/Day/Year <u>09/30/96</u></p> <p>9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Regional Planning</u> <u>Needs</u> <u>Commissions</u> <u>WI</u> <u>DOA</u> <u>EO</u> <u>All</u> </p> <p>10 Area of Impact Counties/States <u>Statewide</u></p>
<p>13 Number of Years Previously Funded <u>more than 10 years</u></p>	

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

Total Federal Funds Applied For \$664,375

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
F7 1F-	Federal	PR-F	\$ 609,580			3.70	Perm.
F8 4K4	Federal	PR-F	\$ 54,795				
G7 Y7-	State	GPR	\$.05	Perm.
S7 15-	State	SEG	\$			3.15	Perm.
S7 17-	State	SEG	\$ 1,223,505			6.25	Perm.
S7 18-	State	SEG	\$.45	Perm.
S7 19-	State	SEG	\$			9.75	Perm.
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 20.26% Base 270,462 Amount 54,795 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>E Kohl</i>	Date <u>12-1-95</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Russell P. Kromm Phone 608/329 SAI Number WI 95 1207-323-N

Recommendation: Approve Approve With Conditions Deny Date Received 12-7-95

Signature Russell P. Kromm Date 12-13-95 Date Due 12-21-95

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