

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_pt81

➤ Record of Comm. Proceedings ... RCP

➤ **



TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

September 18, 1995

federal grants
FB has them.
file

Carol Skornicka, Secretary
Department of Industry, Labor and
Human Relations
201 E. Washington Avenue
Madison, WI 53703

Migrant and Seasonal Farmworker Program
(Section 402), State Application Identifier
Number WI950310-053-N17247XX

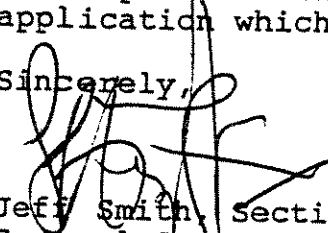
Dear Secretary Skornicka:

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

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

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

Sincerely,


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

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
181 S. Webster St., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2126

1 Applicant Agency Dept. of Industry, Labor & Human Relations		2 CFDA # 1 7 . 2 4 7	Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person: Susan Huss Phone: 268-3338		5 Federal Agency to Receive Request U. S. Dept. of Labor					
		6 Period of Funding Mo/Day/Year 07/01/95 06/30/96	7 Application Due Date Mo/Day/Year 02/27/95				
8 Agency Project Title Application for JTPA Section 402 Migrant and Seasonal Farmworker Program.		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates: All <i>hob</i> 03/03/95 <i>WF</i> All <i>25</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 <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Other					
13 Number of Years Previously Funded 6		10 Area of Impact Counties/States Statewide					
14 Funding, Allotment and Position Data (Including Federal indirect costs) Total Federal Funds Applied For: \$1,487,837							
Numeric Source Revenue Type Amount New Positions Existing Positions No. (FTE) Type No. (FTE) Type							
E2 (152)	Federal	PR-F	\$ 1,413,445			1.37	Perm.
ER (145)	Federal	PR-F	\$ 73,883				
E3(153) Indirect	Federal	PR-F	\$ 509				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .0097 of Salaries Base \$52,506 Amount \$509 <input type="checkbox"/> No							
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Susan Huss Signature: <i>Susan Huss</i> Title if other than Agency Secretary: Budget Analyst Date: 3/3/95					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst: <i>Orlando Castro</i> Phone: <i>6-1103</i>		SAI Number: <i>21950310-053</i> Date Received: <i>3-10-95</i> Date Due: <i>3-31-95</i>					
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny							
Signature: _____ Date: _____							
COMMENTS:							

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

September 12, 1995

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

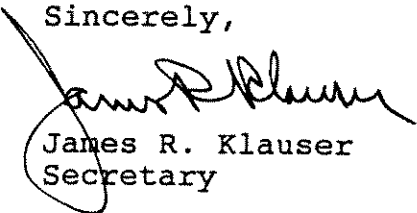
National Pollutant Discharge Elimination
System (WI Waterbody System/Reach File 3
Indexing), State Application
Identifier Number WI950901-255-N66463XX

Dear Mr. Bazzell:

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

National Pollutant Discharge Elimination System

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.463		3 Agency I.D. (Optional) 617	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921		5 Federal Agency to Receive Request U.S. Environmental Protection Agency			
Contact Person Ed Boebel Phone 608/266-9252		6 Period of Funding Mo/Day/Year 10/01/95 09/30/96		7 Application Due Date Mo/Day/Year 08/10/95	
8 Agency Project Title State of Wisconsin Waterbody System/Reach File 3 Indexing		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>No at ECF</i>		10 Area of Impact Counties/States Statewide	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:			
13 Number of Years previously funded: 0		All 8/23/95			
14 Funding, Allotment and Position Data (including Federal indirect costs)					
Total Federal Funds Applied For \$50,000					
Numeric Appropriation		Source		Revenue Type	
Amount		New Positions No. (FTE)		Existing Positions No. (FTE)	
Type		Type		Type	
241	Federal	PR-F	\$46,151		
846	Federal	PR-F	\$3,849		
201	State	GPR	\$2,430		
801	State	GPR	\$202		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 24.08% Base \$16,825 Amount \$4,051 <input type="checkbox"/> No					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell		Title if other than Agency Secretary Administrator - OPA	
		Signature <i>Darrell Bazzell</i>		Date	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <i>Russ Rasmussen</i>		SAI Number <i>WT950901-255-N</i>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>9-1-95</i>		<i>66</i>	
Signature <i>Russell Rasmussen</i>		Date <i>9/8/95</i>		Date Due <i>9-15-95</i>	

66
11/2

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

September 11, 1995

Richard Lorang, Acting Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

Social Services Research and
Demonstration (Changing the Culture
of Welfare), State Application
Identifier Number WI950901-253-N93647YY

Dear Acting Secretary Lorang:

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, appearing to read "James R. Klauser".

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Social Services Res. & Dem.

1 Applicant Agency Department of Health and Social Services	2 CFDA # <u>93.647</u>	3 Agency I.D. (Optional) <u>DES-126-01</u>
4 Address (Street/City/State/Zip) Division of Economic Support 1 W. Wilson Street, Madison WI 53707 Contact Person <u>Jean Sheil</u> Phone <u>(608) 266-0613</u>	5 Federal Agency to Receive Request DHHS/Adm. for Children & Families	
6 Period of Funding Mo/Day/Year <u>9-30-95</u> <u>9-29-96</u>		7 Application Due Date Mo/Day/Year <u>8-25-95</u>
8 Agency Project Title <u>Changing the Culture of Welfare</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified <u>no</u> Dates <u>all</u> <u>ET</u>
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States <u>Racine Co.</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>\$50,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
455	Federal	PRO - F	\$ 50,000	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u> Signature <u><i>Richard W. Lorang</i></u>	Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>8-23-95</u>
---	---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: <u><i>Jennifer Sjira</i></u> Phone _____	SAI Number: <u>WT950901-253-N</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received: <u>9-1-95</u>
Signature: <u><i>Jennifer Sjira</i></u> Date: <u>8/17/95</u>	Date Due: <u>9-15-95</u>

93
64

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

September 13, 1995

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

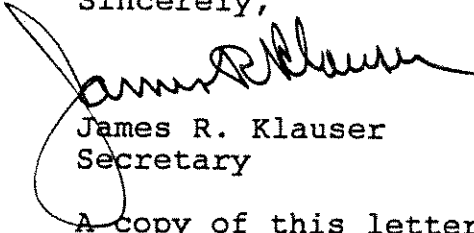
Plant and Animal Disease, Pest Control
and Animal Care, State Application
Identifier Number WI950901-252-N10025XX

Dear Secretary Tracy:

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

1 Applicant Agency Agriculture, Trade and Consumer Protection	2 CFDA # <u>10-025</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) A.R.M. Division, 2811 Agriculture Drive Madison, WI 53704 Contact Person Lee Lovett Phone 224-4586		5 Federal Agency to Receive Request USDA-APHIS-PPQ
8 Agency Project Title <u>Plant Pest & Animal Disease Program</u>		6 Period of Funding Mo/Day/Year <u>10/1/95 - 9/30/96</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		7 Application Due Date Mo/Day/Year 9/15/95
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>Pro wt</u> <u>ED</u> All
10 Area of Impact Counties/States _____ _____ _____ _____		
13 Number of Years Previously Funded <u>over 10</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$15,000</u>						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
742	USDA	Fed	\$ 12,974			
841	USDA	Fed	\$ 2,026			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

15 Indirect Cost Reimbursement
 Yes Rate 20.26 Base \$10,000 Amount \$2,026 No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Elizabeth Kohl Signature <u>E Kohl</u>	Title if other than Agency Secretary Deputy Secretary Date <u>8-30-95</u>
---	---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: <u>Jacky Jagonheim</u>	SAI Number: <u>WT950901-252-N</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received: <u>9-1-95</u>	10 025 XX
Signature: <u>Russell Remuser</u> Date: <u>9/13/95</u>	Date Due: <u>9-15-95</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

September 21, 1995

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

Leaking Underground Storage Tank
(Brownfields), State Application
Identifier Number WI950905-261-N66805XX

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,

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

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# 66805	3 Agency I.D. (Optional) <i>622</i>																																																												
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Thomas Fass Phone 608/267-3532		5 Federal Agency to Receive Request U.S. EPA, Region V																																																													
8 Agency Project Title Leaking Underground Storage Tank - Brownfields		6 Period of Funding Mo/Day/Year 11/01/95 10/31/96	7 Application Due Date Mo/Day/Year 10/01/95																																																												
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:	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>None at EO</i>																																																													
13 Number of Years previously funded: 0		10 Area of Impact Counties/States State of Wisconsin																																																													
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$33,875</u> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2">Appropriation</th> <th rowspan="2">Numeric 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>74-280</td> <td>FED</td> <td>PRF</td> <td>\$27,722</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>74-275</td> <td>ENV. FUND</td> <td>SEG</td> <td>\$3,080</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02-846</td> <td>INDIRECT</td> <td>PRF</td> <td>\$6,153</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02-801</td> <td>STATE</td> <td>GPR</td> <td>\$684</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Appropriation	Numeric Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	74-280	FED	PRF	\$27,722					74-275	ENV. FUND	SEG	\$3,080					02-846	INDIRECT	PRF	\$6,153					02-801	STATE	GPR	\$684																				
Appropriation	Numeric Source	Revenue Type	Amount					New Positions		Existing Positions																																																					
				No. (FTE)	Type	No. (FTE)	Type																																																								
74-280	FED	PRF	\$27,722																																																												
74-275	ENV. FUND	SEG	\$3,080																																																												
02-846	INDIRECT	PRF	\$6,153																																																												
02-801	STATE	GPR	\$684																																																												
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$28,392</u> Amount <u>\$6,837</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>8-30-95</u>																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																															
Reviewing Analyst <u>Russ Rasmussen</u> Phone <u>6-7329</u>		SAI Number <u>WI 950905 261 N</u>																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>9-5-95</u>																																																													
Signature <u>Russell Rasmussen</u> Date <u>9/8/95</u>		Date Due <u>9-21-95</u>																																																													

66805.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

September 25, 1995

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

Toxic Substances Compliance Monitoring
Coop Agreement (EPA/TSCA Asbestos-in-
Schools), State Application Identifier
Number WI950821-240-N66701XX

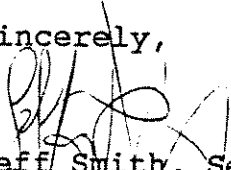
Dear Secretary Leean:

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

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

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

Sincerely,


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

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-774-1

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

*Monitoring Coop Agreements
Toxic Substances Compliance*

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>66-701</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Ave. Madison, WI 53703 Contact Person Terry Moen Phone 266-8579		5 Federal Agency to Receive Request U.S. Environmental Protection Agency	
8 Agency Project Title EPA/TSCA Asbestos-in-Schools Cooperative Agreement		6 Period of Funding Mo/Day/Year 10/01/95 09/30/96	7 Application Due Date Mo/Day/Year 08/01/95
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	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other	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>	
13 Number of Years Previously Funded <u>ten</u>		10 Area of Impact Counties/States Wisconsin Statewide	
14 Funding, Allotment and Position Data (including Federal indirect costs)			

Total Federal Funds Applied For \$178,000

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 178,000			3	PERM
184	Prog Revenue	PRO	\$ 59,400				
		(in kind)	\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base \$88,050 Amount \$11,625 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 7-28-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Del Jablonsky Phone 7-9546 SAI Number WI950821-240-N

Recommendation: Approve Approve With Conditions Deny Date Received 8-21-95

Signature _____ Date _____ Date Due Del.

COMMENTS:

66
701
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration
Form DOA-7020 (R 5-88)
6th Floor
(Formerly FDA 50)

Federal-State Relations Office
101 S. Webster St.,

P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

<p>1 Applicant Agency Dept. of Industry, Labor & Human Relations</p>	<p>2 N/A CFDA #</p>	<p>3 Agency ID (Optional) VAR 18-96</p>
<p>4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Sue Gleason Phone 266-8012</p>	<p>5 Federal Agency to Receive Request U. S. Dept. of Labor</p>	
	<p>6 Period of Funding Mo/Day/Year 7/1/95 6/30/96</p>	<p>7 Application Due Date Mo/Day/Year 5/15/95</p>
<p>8 Agency Project Title NOICC-BAG</p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates</p>	
<p>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other</p>	<p>10 Area of Impact Counties/States Statewide</p>
<p>13 Number of Years Previously Funded more than 6 years All</p>		

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For 142,808

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR-F	\$ 142,391			1.72	Perm
153-Indirect	Federal	PR-F	\$ 417				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rat .00685 Salaries Base \$60,883 Amount \$417 No

16 Authorizations

<p><input checked="" type="checkbox"/> Delegated Review</p>	<p>Authorized Agency Representative (Type or Print) Susan Huss Signature <i>Susan Huss</i></p>	<p>Title if other than Agency Secretary Budget Analyst Date 5/16/95</p>
---	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

<p>Reviewing Analyst <u>Orlando Canto</u> Phone <u>6-1103</u></p>	<p>SAI Number <u>WI950522-134-1</u></p>	
<p>Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny</p>	<p>Date <u>5-22-95</u></p>	
<p>Signature _____ Date _____</p>	<p>Date Rec'd <u>6-5-95</u></p>	
<p>COMMENTS: _____</p>		

OC
OC
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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px; text-align: center;">1</td> <td style="width: 40%;">Applicant Agency Dept. of Industry, Labor & Human Relations</td> <td style="width: 10px; text-align: center;">2</td> <td style="width: 30%;">17.801 & CFDA # 17.804</td> <td style="width: 10px; text-align: center;">3</td> <td style="width: 10%;">Agency I.D. (Optional)</td> </tr> </table>	1	Applicant Agency Dept. of Industry, Labor & Human Relations	2	17.801 & CFDA # 17.804	3	Agency I.D. (Optional)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px; text-align: center;">4</td> <td style="width: 40%;">Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Jack Bischel Phone 267-7277</td> <td style="width: 10px; text-align: center;">5</td> <td style="width: 30%;">Federal Agency to Receive Request U. S. Dept. of Labor</td> <td style="width: 10px; text-align: center;">6</td> <td style="width: 10%;">Period of Funding Mo/Day/Year 10/01/95 09/30/96</td> <td style="width: 10px; text-align: center;">7</td> <td style="width: 10%;">Application Due Date Mo/Day/Year 08/28/95</td> </tr> </table>	4	Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Jack Bischel Phone 267-7277	5	Federal Agency to Receive Request U. S. Dept. of Labor	6	Period of Funding Mo/Day/Year 10/01/95 09/30/96	7	Application Due Date Mo/Day/Year 08/28/95																																																																									
1	Applicant Agency Dept. of Industry, Labor & Human Relations	2	17.801 & CFDA # 17.804	3	Agency I.D. (Optional)																																																																																			
4	Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Jack Bischel Phone 267-7277	5	Federal Agency to Receive Request U. S. Dept. of Labor	6	Period of Funding Mo/Day/Year 10/01/95 09/30/96	7	Application Due Date Mo/Day/Year 08/28/95																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px; text-align: center;">8</td> <td style="width: 40%;">Agency Project Title <u>Disabled Veterans Outreach Program (DVOP)</u> <u>Local Veterans Employment Representative (LVER)</u></td> <td style="width: 10px; text-align: center;">9</td> <td style="width: 30%;">Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Mo WI</i> <i>EO</i></td> <td style="width: 10px; text-align: center;">10</td> <td style="width: 10%;">Area of Impact Counties/States Statewide</td> </tr> </table>	8	Agency Project Title <u>Disabled Veterans Outreach Program (DVOP)</u> <u>Local Veterans Employment Representative (LVER)</u>	9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Mo WI</i> <i>EO</i>	10	Area of Impact Counties/States Statewide	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px; text-align: center;">11</td> <td style="width: 30%;">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</td> <td style="width: 10px; text-align: center;">12</td> <td style="width: 30%;">Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other</td> </tr> </table>	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																																																																													
8	Agency Project Title <u>Disabled Veterans Outreach Program (DVOP)</u> <u>Local Veterans Employment Representative (LVER)</u>	9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Mo 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 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																																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px; text-align: center;">13</td> <td style="width: 40%;">Number of Years Previously Funded More than 5 Yrs.</td> <td style="width: 10px; text-align: center;">14</td> <td style="width: 30%;">Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$3,593,000</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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>E1 (151)</td> <td>Federal</td> <td>PR-F</td> <td>\$ 3,579,736</td> <td></td> <td></td> <td>57.7</td> <td>Perm.</td> </tr> <tr> <td>E3 (153)</td> <td>Federal</td> <td>PR-F</td> <td>\$ 13,264</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>	13	Number of Years Previously Funded More than 5 Yrs.	14	Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$3,593,000	Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	E1 (151)	Federal	PR-F	\$ 3,579,736			57.7	Perm.	E3 (153)	Federal	PR-F	\$ 13,264								\$								\$								\$								\$								\$								\$								\$				
13	Number of Years Previously Funded More than 5 Yrs.	14	Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$3,593,000																																																																																					
Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																																		
				No. (FTE)	Type	No. (FTE)	Type																																																																																	
E1 (151)	Federal	PR-F	\$ 3,579,736			57.7	Perm.																																																																																	
E3 (153)	Federal	PR-F	\$ 13,264																																																																																					
			\$																																																																																					
			\$																																																																																					
			\$																																																																																					
			\$																																																																																					
			\$																																																																																					
			\$																																																																																					
			\$																																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px; text-align: center;">15</td> <td style="width: 40%;">Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .75% Base \$1,768,693 Amount \$13,264</td> <td style="width: 10px; text-align: center;">16</td> <td style="width: 30%;">Authorizations <input checked="" type="checkbox"/> Delegated Review</td> <td style="width: 10px; text-align: center;">17</td> <td style="width: 10%;">Authorized Agency Representative (Type or Print) Debbie Benish Signature <i>Debbie Benish</i></td> <td style="width: 10px; text-align: center;">18</td> <td style="width: 10%;">Title if other than Agency Secretary Budget Analyst Date 8/28/95</td> </tr> </table>	15	Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .75% Base \$1,768,693 Amount \$13,264	16	Authorizations <input checked="" type="checkbox"/> Delegated Review	17	Authorized Agency Representative (Type or Print) Debbie Benish Signature <i>Debbie Benish</i>	18	Title if other than Agency Secretary Budget Analyst Date 8/28/95																																																																																
15	Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .75% Base \$1,768,693 Amount \$13,264	16	Authorizations <input checked="" type="checkbox"/> Delegated Review	17	Authorized Agency Representative (Type or Print) Debbie Benish Signature <i>Debbie Benish</i>	18	Title if other than Agency Secretary Budget Analyst Date 8/28/95																																																																																	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px; text-align: center;">19</td> <td style="width: 40%;">Reviewing Analyst <i>Orlando Castro</i> Phone _____</td> <td style="width: 10px; text-align: center;">20</td> <td style="width: 30%;">SAI Number <i>WI 95001-256</i></td> </tr> <tr> <td style="width: 10px; text-align: center;">21</td> <td style="width: 40%;">Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny</td> <td style="width: 10px; text-align: center;">22</td> <td style="width: 30%;">Date Received <i>9-1-95</i></td> </tr> <tr> <td style="width: 10px; text-align: center;">23</td> <td style="width: 40%;">Signature Date _____</td> <td style="width: 10px; text-align: center;">24</td> <td style="width: 30%;">Date Due <i>9-15-95</i></td> </tr> <tr> <td colspan="4">COMMENTS: _____</td> </tr> </table>	19	Reviewing Analyst <i>Orlando Castro</i> Phone _____	20	SAI Number <i>WI 95001-256</i>	21	Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	22	Date Received <i>9-1-95</i>	23	Signature Date _____	24	Date Due <i>9-15-95</i>	COMMENTS: _____				<div style="font-size: 2em; font-weight: bold; text-align: right;"> 7 17 80 (4) </div>																																																																							
19	Reviewing Analyst <i>Orlando Castro</i> Phone _____	20	SAI Number <i>WI 95001-256</i>																																																																																					
21	Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	22	Date Received <i>9-1-95</i>																																																																																					
23	Signature Date _____	24	Date Due <i>9-15-95</i>																																																																																					
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., 8th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

*Investigations & Technical Asst.
Center for Disease Control & Prevention*

1 Applicant Agency DH&SS/Division of Health		2 CFDA # <u>93 - 283</u>	
4 Address (Street/City/State/Zip) Center for Health Statistics 1 W. Wilson St., Room 172 Madison, WI 53701 Contact Person Eleanor Cautley Phone 267-9545		5 Federal Agency to Receive Request DH&HS/Centers for Disease Control & Prevention	
8 Agency Project Title <u>Behavioral Risk Factor Survey</u>		6 Period of Funding Mo/Day/Year <u>9/1/95</u> <u>8/31/96</u>	7 Application Due Date Mo/Day/Year <u>5/30/95</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 WF</u> <u>EO</u> All	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States <u>All Counties</u>	
13 Number of Years Previously Funded <u>12</u>			

14 Funding, Allotment and Position Data (Including Federal Indirect costs)
Total Federal Funds Applied For \$90,417

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PR-F	\$ 90,417			.50	Proj.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 22.6 Base 15,422 Amount 3,485 No

16 Authorizations
 Delegated Review
Authorized Agency Representative (Type or Print)
Richard W. Lorang
Signature [Signature]
Title if other than Agency Secretary
Acting Secretary
Date 5-25-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst [Signature] SAI Number WI 950609-152-N95
 Recommendation: Approve Approve With Conditions Deny Date Received 6-9-95
 Signature _____ Date _____ Date Due 6-1

COMMENTS:

283
XX

H-758-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Health Program for Toxic Substances + Disease Registry

1 Applicant Agency WI Dept of Health and Social Services		2 CFDA # <u>93-161</u>	3 Agency L.D. (Optional)
4 Address (Street/City/State/Zip) 1414 East Washington Avenue, Room 96 Madison WI 53703-3044 Contact Person Tom Anderson Phone 266-7089		5 Federal Agency to Receive Request Centers for Disease Control and Prevention	
8/ Agency Project Title Burlington Northern De-railment Health Study		6 Period of Funding Mo/Day/Year <u>10/01/95</u> <u>09/30/96</u>	7 Application Due Date Mo/Day/Year <u>05/26/95</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		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI</u> <u>EO</u>	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Cooperative Other Agreement		10 Area of Impact Counties/States <u>Douglas County</u>	
13 Number of Years Previously Funded <u>1</u>			

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

Total Federal Funds Applied For \$165,000

Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PRF	\$ 165,000	none		none	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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 Acting Secretary
Signature <i>Richard W. Lorang</i>	Date <u>5-24-95</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Jankowsky Phone _____ SAI Number WI950609-150-N

Recommendation: Approve Approve With Conditions Deny Date Received 6-9-95

Signature _____ Date _____ Date Due 6-27-95

COMMENTS:

93
161
44

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-754-1

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 Dept. of Health & Social Services		2 CFDA # _____	
4 Address (Street/City/State/Zip) 1 W. Wilson St., P.O. Box 309 Madison, WI 53701 Contact Person Ed Steichen 608/ Phone 266-0330		5 Federal Agency to Receive Request National Center for Health Statistics	
8 Agency Project Title Vital Statistics Cooperative Project		6 Period of Funding Mo/Day/Year 01-01-95 - 12-31-95	7 Application Due Date Mo/Day/Year _____
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 Fee for Service _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates _____ All
13 Number of Years Previously Funded _____		10 Area of Impact Countries/States Statewide	

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$274,166.00

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	FED	PRF	\$ 274,166	0		3.75	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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 5-4-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Sue Jablonsky* Phone *7-9546* SAI Number *WI 950512-13*

Recommendation: Approve Approve With Conditions Deny Date Received *5-12-95* Date Due *5-20-95*

Signature _____ Date _____

COMMENTS:

No
000
XX

REI

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

H-780-1

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

(H10) /
Human Immunodeficiency Virus

1 Applicant Agency Wisconsin Department of Health and Social Services		20 CFDA # 93 . 944		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 309 Madison WI 53701-0309 Contact Person James M. Vergeront, MD Phone 608/266-9853		5 Federal Agency to Receive Request Centers for Disease Control & Prevention		7 Application Due Date Mo/Day/Year 09/20/95	
8 Agency Project Title HIV/AIDS Surveillance & Seroprevalence		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No w/</u> <u>EO</u> All		10 Area of Impact Counties/States Statewide	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Cooperative</u>			
13 Number of Years Previously Funded _____ Agreement					

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

Total Federal Funds Applied For \$894,550

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 894,550	0		5.2	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base \$213,860 Amount \$28,229 No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard W. Lorang</i>	Date 8-31-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 7-9546 SAI Number WI1950907-267-N

Recommendation: Approve Approve With Conditions Deny Date Received 9-7-95 13944

Signature _____ Date _____ Date Due 9-18-95

COMMENTS:
Del.

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-641-A

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

Fair Housing Initiatives

1 Applicant Agency DOH - Bureau of Public Health		2 CFDA # 14 • 410	
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Room 96 Madison, WI 53703-3044 Contact Person William Otto Phone 766-9337		5 Federal Agency to Receive Request U.S. Department of Housing and Urban Development	
8 Agency Project Title Lead-based Paint Abatement in Low and Moderate Income Housing		6 Period of Funding Mo/Day/Year April 1, 1997 - March 31, 1999	7 Application Due Date Mo/Day/Year August 25, 1995
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 _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates _____ <i>no fed EO</i> _____ _____ All
13 Number of Years Previously Funded 3		10 Area of Impact Counties/States Statewide	

14 Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For \$418,846						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)	Type
167	Federal	PRS	\$ 418,846		1.0	Proj.
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base _____ Amount \$7,208 No

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) RICHARD W. LORANG	Title if other than Agency Secretary DEPUTY SECRETARY
	Signature <i>Richard W. Lorang</i>	Date 8-25-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Lue Jablonka</i> Phone _____	SAI Number <i>WI950901-259-N</i>	
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>9-1-95</i>	
Signature _____ Date _____	Date Due <i>Del 1</i>	

COMMENTS:

14
410
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

H-764-1

1 Applicant Agency WI Dept of Health and Social Services	2 CFDA # <u>93-161</u>
4 Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 309 Madison WI 53703 Contact Person Bill Otto Phone 6-9337	5 Federal Agency to Receive Request Agency for Toxic Substance & Disease Registry
8 Agency Project Title Agency for Toxic Substance and Disease Registry - ATSDR - Superfund	6 Period of Funding Mo/Day/Year 09/29/95 09/28/96
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	7 Application Due Date Mo/Day/Year 06/26/95
12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Cooperative</u>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WFE</u> All
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 \$398,291

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 398,291			5.0	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base 214,894 Amount \$28,366 No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Richard W. Lorang Signature: <i>Richard W. Lorang</i>	Title if other than Agency Secretary Acting Secretary Date: <u>6-22-95</u>
--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Dee Jablonsky Phone: 7-9546 SAI Number: WI95007-187-N

Recommendation: Approve Approve With Conditions Deny Date Received: 6-27-95 Date Due: Del.

Signature: _____ Date: _____

COMMENTS:

93
161
X

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-757-1

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

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

Occupational Safety & Health Grants Research

1 Applicant Agency DHSS/Div. of Health/Bureau of Public Health		2 CFDA # <u>93-262</u>	3 Agency LO (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Avenue Madison WI 53702		5 Federal Agency to Receive Request Centers for Disease Control	
Contact Person Terry Moen Phone 608/266-8579		6 Period of Funding Mo/Day/Year 09/30/95 09/29/96	7 Application Due Date Mo/Day/Year 05/26/95
8 Agency Project Title Wisconsin SENSOR Program		9 Executive Order 12572 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Coop. Agreement</u>	Clearinghouses: Notified _____ Dates <u>no fed ed</u>	
13 Number of Years Previously Funded _____		All	

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

Total Federal Funds Applied For \$100,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PR-F	\$100,000			1.1	Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base \$67,246 Amount \$6,540 No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Acting Secretary
	Signature <i>Richard W. Lorang</i>	Date 5-18-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Sue Jablonsky Phone _____ SAI Number WD950524-125N

Recommendation: Approve Approve With Conditions Deny Date Received 5-24-95

Signature _____ Date _____ Date Due Del

COMMENTS:

93
262
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

H-743-1

Department of Administration
DOA-7020(R12/82)

Federal-State Relations Office
101 E. Wilson Street, 6th Floor
P.O. Box 7888
Madison, WI 53707-7888
Telephone 608/267-2125

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>00.050</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Room 96 Madison WI 53703 Contact Person Paul Schmidt Phone 267-4792		5 Federal Agency to Receive Request U.S. Nuclear Regulatory Commission	
8 Agency Project Title Environmental Sampling		6 Period of Funding Mo/Day/Year <u>1/1/95</u> <u>12/31/95</u>	7 Application Due Date Mo/Day/Year <u>12/31/95</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		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No</u> <u>CFDAH</u> All	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary contract Other		10 Area of Impact Counties/Stater Statewide	
13 Number of Years Previously Funded <u>15 years</u>		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$55,500</u>	

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 55,500			1.0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base \$35,000 Amount \$4,620 No

16 Authorizations
 Delegated Review
Authorized Agency Representative (Type or Print) Richard W. Lorang
Signature Richard W. Lorang
Title if other than Agency Secretary Acting Secretary
Date 2-23-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Dee Jablonsky Phone 7-9546 SAI Number 01950310-048-N
Recommendation: Approve Approve With Conditions Deny Date Received 3-10-95
Signature _____ Date _____ Date Due Del

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

H-761-1

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

Environmentally Hazardous Substances
Educating Health Professionals Re:

1 Applicant Agency Wisconsin Dept of Health & Social Services		2 CFDA # <u>93 • 200</u>	3 Agency I.D. (Optional) <i>YSC</i>
4 Address (Street/City/State/Zip) 1 W Wilson Street PO Box 309 MADISON WI 53701-0309 Contact Person Henry Anderson, M.D. Phone 2661253		5 Federal Agency to Receive Request Agency for Toxic Substances & Disease Registry	
8 Agency Project Title ATSDR Professional Education		6 Period of Funding Mo/Day/Year <u>10/1/95</u> <u>9/30/96</u>	7 Application Due Date Mo/Day/Year <u>9/7/95</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		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>NO WIEO</i>	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Coop Agreement</u>		10 Area of Impact Counties/States Statewide	
13 Number of Years Previously Funded <u>6</u>		All	

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

Total Federal Funds Applied For \$74,126

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
148	Federal	PRF	\$ 74,126	0		1.0	perm Proj
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

94 State ID
#940831-264
- N93200 XX

15 Indirect... Yes Rate 13.2% Base 36,504 Amount 4,819 No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard W. Lorang</i>	Date <u>6-6-95</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Joe Jablonsky Phone 7-9546 SAI Number WI950013-159-N93

Recommendation: Approve Approve With Conditions Deny

Signature _____ Date _____ Date Received 6-13-95 Date Due 9/7/95

COMMENTS:

200
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

September 19, 1995

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

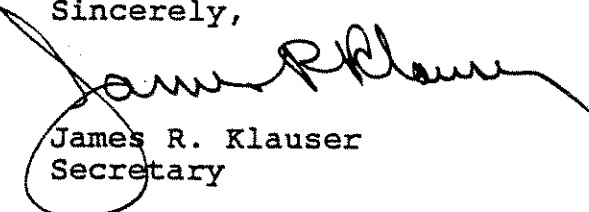
Criminal Justice Discretionary Grant
(Statewide Intelligence System/WisLEIN),
State Application Identifier
Number WI950824-246-N16574XX

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,


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

Criminal Justice Discretionary Grant

1 Applicant Agency Department of Justice		2 CFDA # <u>16-574</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 123 W. Washington Ave. Madison, WI 53702 Contact Person Craig S. Klyve Phone 608/267-1333		5 Federal Agency to Receive Request DOJ-Bureau of Justice Assistance	
8 Agency Project Title Statewide Intelligence System (WisLEIN)		6 Period of Funding Mo/Day/Year 01/01/96 12/31/96	7 Application Due Date Mo/Day/Year 08/18/95
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 _____ <i>No WI EO</i>	
13 Number of Years Previously Funded <u>2</u>		10 Area of Impact Counties/States State of <u>Wisconsin</u>	
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$100,000.00</u>			

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
241	Federal	PR-F	\$ 96,200			1.00	Project
348	indirect Federal	PR-F	\$ 3,800				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

5 Indirect Cost Reimbursement
 Yes Rate 10% Base \$38,000.00 Amount \$3,800.00 No

6 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 08/16/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Regina Frank-Reese Phone 6-8270 SAI Number WI950824-246-N

Recommendation: Approve Approve With Conditions Deny Date Received 8-24-95 16574

Signature Regina Frank-Reese Date 9-18-95 Date Due 9-7-95 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

September 22, 1995

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

National School Lunch Program
(FY96 State Administrative Expense
Plan), State Application Identifier
Number WI950905-262-N10555XX

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, 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 Applicant Agency <u>Wisconsin Department of Public Instruction</u>	2 CFDA # <u>10 • 555</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) <u>P.O. Box 7841</u> <u>Madison, WI 53707</u> Contact Person <u>Richard A. Mortensen</u> Phone <u>608-266-3509</u>	5 Federal Agency to Receive Request <u>U.S. Department of Agriculture</u>	
	6 Period of Funding Mo/Day/Year <u>10/01/95</u> <u>09/30/97</u>	7 Application Due Date Mo/Day/Year <u>8/15/95</u>
8 Agency Project Title <u>FY 1996 State Administrative Expense (SAE) Plan</u>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NA AIF EO</u> _____ All	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States <u>Statewide/WI</u>

13 Number of Years Previously Funded More than 5 years

14 Funding, Allotment and Position Data (including Federal indirect costs)
 Total Federal Funds Applied For \$1,417,533

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<u>EQ</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 1,417,533</u>			<u>17.00</u>	<u>Perm.</u>
<u>DF</u>	<u>State</u>	<u>GPR</u>	<u>\$ 287,112</u>			<u>4.70</u>	<u>Perm.</u>
<u>D7</u>	<u>Local</u>	<u>PRO</u>	<u>\$ 162,732</u>			<u>1.90</u>	<u>Perm.</u>
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 6.1% Base 1,289,758 Amount \$78,675 No

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print) John T. Benson
 Signature [Signature]
 Title if other than Agency Secretary State Superintendent
 Date 8/15/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Rob Cramer Phone 6-1923 SAI Number WI950905-262N 10555x

Recommendation: Approve Approve With Conditions Deny
 Signature [Signature] Date 9-21-95 Date Received 9-5-95
 Date Due 9-21-95

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

September 22, 1995

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

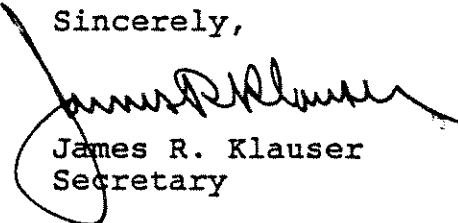
Nutrition Education and Training,
State Application Identifier Number
WI950905-263-N10564XX

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, 8th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

1 Applicant Agency Department of Public Instruction	2 CFDA # <u>10.564</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 125 S. Webster, P.O. Box 7841 Madison, WI 53707-7841 Contact Person Dean Gagnon Phone (608)266-3509	5 Federal Agency to Receive Request USDA-FNS, MWRO Chicago, IL	6 Period of Funding Mo/Day/Year <u>10/1/95</u> <u>9/30/96</u>
8 Agency Project Title <u>NET</u>		7 Application Due Date Mo/Day/Year 8/15/95
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 WDE EO</u> All
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States _____ _____ _____
13 Number of Years Previously Funded <u>16</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$190,000</u>						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)	Type
100-3409	Federal	PR-F	\$ 190,000		2.0	
38-EQ-5000			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate _____ Base _____ Amount <u>\$4,247</u>		<input 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 _____

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Rob Cramer</u>	Phone <u>10-1923</u>	SAI Number <u>WI950905-263-N/10564 x1</u>
Recommendation: <input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Approve With Conditions	<input type="checkbox"/> Deny
Signature <u>Rob Cramer</u>	Date <u>9-21-95</u>	Date Received <u>9-5-95</u>
		Date Due <u>9-21-95</u>

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

September 22, 1995

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

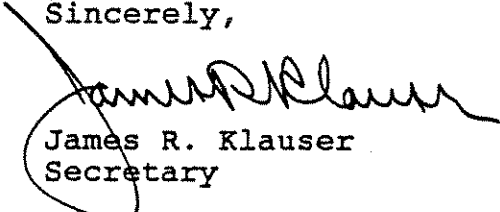
Environmental Protection-Consolidated
Research (Cooperative Agreement on
International Effort/Amendment), State
Application Identifier Number
WI950918-271-N66500

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

Research
Environmental Protection - Consolidated

1 Applicant Agency Department of Natural Resources			2 CFDA# 66.500		3 Agency I.D. (Optional) 626																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921			5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																							
Contact Person Alan L. Czeshinski Phone 608/266-0160			6 Period of Funding Mo/Day/Year 05/19/94 09/30/96		7 Application Due Date Mo/Day/Year 10/15/95																																																																					
8 Agency Project Title Cooperative Agreement on International Effort			9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no WI</i> <i>ED</i>			10 Area of Impact Counties/States N/A																																																																				
11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other: Cooperative Agreement																																																																								
13 Number of Years previously funded: One			All																																																																							
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																										
Total Federal Funds Applied For \$16,650																																																																										
<table border="1"> <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>445</td> <td>Federal</td> <td>PR-F</td> <td>\$16,650</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>401</td> <td>State</td> <td>CPR</td> <td>\$706</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>CPR</td> <td>\$170</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	445	Federal	PR-F	\$16,650					401	State	CPR	\$706					801	State	CPR	\$170																																				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																				
				No. (FTE)	Type	No. (FTE)	Type																																																																			
445	Federal	PR-F	\$16,650																																																																							
401	State	CPR	\$706																																																																							
801	State	CPR	\$170																																																																							
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 24.08% Base \$706 Amount \$170 <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 9-12-95																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																										
Reviewing Analyst <i>Russ Rasmussen</i>			Phone 6-7309		SAI Number WI 950918-271-N																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received 9-18-95		66																																																																					
Signature <i>Russell Rasmussen</i>			Date 9/20/95		Date Due 10-2-95																																																																					
500																																																																										
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

September 28, 1995

Michael J. Sullivan
Secretary
Department of Corrections
PO Box 7925
Madison, WI 53707

State Criminal Alien Assistance
Program, State Application Identifier
Number WI950928-278-N00000XX

Dear Secretary Sullivan:

The Department of Administration has reviewed the above noted grant application. 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 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 Corrections			2 CFDA # _____		3 Agency I.D. (Optional)																																																																																													
4 Address (Street/City/State/Zip) 149 E. Wilson Street P.O. Box 7925 Madison, WI 53707 Contact Person Marsha Rathje Phone 266-8553			5 Federal Agency to Receive Request Department of Justice		7 Application Due Date Mo/Day/Year 9-30-95																																																																																													
8 Agency Project Title SCAAP			9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ All		10 Area of Impact Counties/States State Adult Corr. Institutions																																																																																													
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 0																																																																																																		
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For 8,536,580																																																																																																		
<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>141</td> <td>DOJ</td> <td>f</td> <td>\$</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> <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	141	DOJ	f	\$	0		0					\$								\$								\$								\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																																												
				No. (FTE)	Type	No. (FTE)	Type																																																																																											
141	DOJ	f	\$	0		0																																																																																												
			\$																																																																																															
			\$																																																																																															
			\$																																																																																															
			\$																																																																																															
			\$																																																																																															
			\$																																																																																															
			\$																																																																																															
			\$																																																																																															
			\$																																																																																															
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No																																																																																																		
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Department of Corrections Signature _____		Title if other than Agency Secretary Secretary Date 9-27-95																																																																																														
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																																		
Reviewing Analyst <i>[Signature]</i>		Phone 266-3420		SAI Number WI950928-278-N																																																																																														
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received 9/28/95		Date Due 9/30/95																																																																																														
Signature C. Arche		Date 9/28/95																																																																																																
COMMENTS:																																																																																																		

000
02
-57

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

September 26, 1995

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

Safe and Drug Free Schools and
Communities (Governor's Discretionary
Program), State Application Identifier
Number WI950614-167-N84186XX

Dear Secretary Leean:

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

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

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

1 Applicant Agency Department of Health and Social Services			2 CFDA # 84.186		3 Agency I.D. (Optional)										
4 Address (Street/City/State/Zip) 1 West Wilson St. P.O. Box 7851, Madison, WI 53707 Contact Person _____ Phone _____			5 Federal Agency to Receive Request U.S. DOE/OESE												
			6 Period of Funding Mo/Day/Year July 1, 1995 Sept. 30, 1997		7 Application Due Date Mo/Day/Year June 20, 1995										
8 Agency Project Title Safe and Drug Free Schools and Communities Governor's Discretionary Program			9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10 Area of Impact Counties/States State-Wide										
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 _____		Clearinghouses: Notified Dates WI ED											
13 Number of Years Previously Funded 8			14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$1,648,047												
Numeric Appropriation		Source		Revenue Type		Amount		New Positions No. (FTE)		Type		Existing Positions No. (FTE)		Type	
741		FED		PRF		\$ 1,648,047		0		0		0		0	
						\$									
						\$									
						\$									
						\$									
						\$									
						\$									
						\$									
						\$									
						\$									
						\$									
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) Richard W. Lorang				Title if other than Agency Secretary Acting Secretary								
			Signature <i>Richard W. Lorang</i>				Date 6-15-95								
FOR DEPARTMENT OF ADMINISTRATION USE ONLY															
Reviewing Analyst Dorchen Fossum				Phone 6-22-88				SAI Number WI950614-167-N							
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received 6-14-95				Date Due 6-20-95							
Signature <i>Dorchen A. Fossum</i>				Date 9/25/95											

84
18

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

September 25, 1995

Charles H. Thompson
Secretary
Department of Transportation
PO Box 7910
Madison, WI 53707-7910

Federal Transit Technical Studies
(Sec. 8 MPO Planning/Sec. 26(a)(2)
(A) State Planning and Research),
State Application Identifier
Number WI950901-250-N20505XX

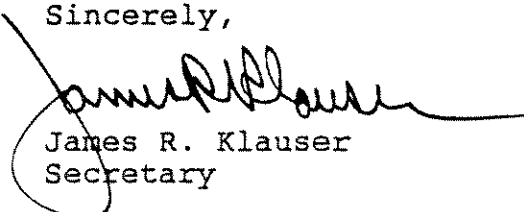
Dear Secretary Thompson:

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

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., 8th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

Federal Transit Technical Studies

<p>1 Applicant Agency Wisconsin Department of Transportation</p>	<p>2 CFDA # <u>20-505</u></p>	<p>3 Agency I.D. (Optional)</p>
<p>4 Address (Street/City/State/Zip) 4802 Sheboygan Ave, P.O. Box 7913 Madison, WI 53707 Contact Person Don Macaulay Phone 266-1681</p>	<p>5 Federal Agency to Receive Request Federal Transit Administration</p>	
<p>8 Agency Project Title Section 8 MPO Planning/Section 26(a)(2)(A) State Planning and Research</p>	<p>6 Period of Funding Mo/Day/Year Jan. 1, 1996 Dec. 31, 1997</p>	<p>7 Application Due Date Mo/Day/Year Oct. 1, 1995</p>
<p>11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____</p>	<p>9 Executive Order 13372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ <i>web w/ EOT</i></p>
<p>10 Area of Impact Counties/Stages Statewide; cities with public transit systems</p>		
<p>13 Number of Years Previously Funded <u>22</u></p>		

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

Total Federal Funds Applied For \$682,089

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
481,298	Federal	SEG-FC	\$ 682,089				
471	Local Match	-	\$ 69,724				
461,296	State Match	SEG-A	\$ 100,798				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

<p><input type="checkbox"/> Delegated Review</p>	<p>Authorized Agency Representative (Type or Print) Tom Walker, Administrator Signature <i>Thomas Walker</i></p>	<p>Title if other than Agency Secretary Division of Planning Date <i>8/23/95</i></p>
--	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Doug Rercy Phone 6-639 SAI Number WT950901-250-N

Recommendation: Approve Approve With Conditions Deny Date Received 9-1-95

Signature Doug Rercy Date 9/8/95 Date Due 9-15-95

COMMENTS:

20
505
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

September 26, 1995

Cheryl L. Parrino, Chairman
Public Service Commission of Wisconsin
PO Box 7854
Madison, WI 53707-7854

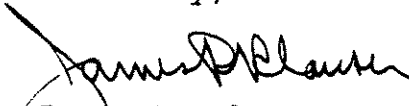
(Gas) Pipeline Safety,
State Application Identifier
Number WI950922-276-N20700XX

Dear Chairman Parrino:

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 Public Service Commission		2 CFDA # <u>20 • 700</u>		3 Agency I.D. (Optional)																																																																																					
4 Address (Street/City/State/Zip) PO BOX 7854 Madison, WI 53707-7854 Contact Person _____ Phone _____		5 Federal Agency to Receive Request DOT, RSPA, Washington, DC 20590		6 Period of Funding Mo/Day/Year <u>01/01/96</u> <u>12/31/96</u>																																																																																					
8 Agency Project Title <u>Gas Pipeline Safety</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ _____ All		7 Application Due Date Mo/Day/Year <u>09/30/95</u>																																																																																					
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States <u>Entire State</u>																																																																																					
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>\$172,100</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><u>ES & EQ</u></td> <td><u>Federal</u></td> <td><u>PR-F</u></td> <td><u>\$172,100</u></td> <td>-</td> <td>-</td> <td><u>1.0</u></td> <td><u>Permanent</u></td> </tr> <tr> <td><u>ED</u></td> <td><u>State</u></td> <td><u>PR-O</u></td> <td><u>\$172,100</u></td> <td>-</td> <td>-</td> <td><u>3.0</u></td> <td><u>Permanent</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	<u>ES & EQ</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$172,100</u>	-	-	<u>1.0</u>	<u>Permanent</u>	<u>ED</u>	<u>State</u>	<u>PR-O</u>	<u>\$172,100</u>	-	-	<u>3.0</u>	<u>Permanent</u>				\$								\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions						Existing Positions																																																																															
				No. (FTE)	Type	No. (FTE)	Type																																																																																		
<u>ES & EQ</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$172,100</u>	-	-	<u>1.0</u>	<u>Permanent</u>																																																																																		
<u>ED</u>	<u>State</u>	<u>PR-O</u>	<u>\$172,100</u>	-	-	<u>3.0</u>	<u>Permanent</u>																																																																																		
			\$																																																																																						
			\$																																																																																						
			\$																																																																																						
			\$																																																																																						
			\$																																																																																						
			\$																																																																																						
			\$																																																																																						
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount <u>27,350</u> <input type="checkbox"/> No																																																																																									
16 Authorizations <input type="checkbox"/> N/A <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>Cheryl L. Parrino</u> Signature <u>Cheryl L. Parrino</u>		Title if other than Agency Secretary <u>Chairman</u> Date <u>9-18-95</u>																																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																									
Reviewing Analyst <u>Julie Keal</u> Phone <u>6-8593</u> SAI Number <u>WI950922-270-N</u> Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date Received <u>9-22-95</u> Signature <u>Julie Keal</u> Date <u>9/25/95</u> Date Due <u>9-30-95</u>																																																																																									
COMMENTS:																																																																																									
<input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet																																																																																									

20
780
X)

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

September 25, 1995

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

Hazardous Waste Management State
Program, State Application Identifier
Number WI950818-233-N66801XX

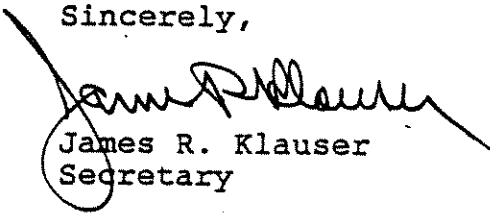
Dear Mr. Bazzell:

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# 66801	3 Agency LD: (Optional) 614																																																												
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Colleen Hellenbrand Phone 608/267-7515		5 Federal Agency to Receive Request U.S. EPA, Region V																																																													
8 Agency Project Title Hazardous Waste Management Program		6 Period of Funding Mo/Day/Year 10/1/95 9/30/96	7 Application Due Date Mo/Day/Year 9/1/95																																																												
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates Need WI ES																																																													
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:		10 Area of Impact Counties/States State of Wisconsin																																																													
13 Number of Years previously funded: 17		X A/E 8/14/95																																																													
14 Funding, Allotment and Position Data (Including Federal indirect costs) Total Federal Funds Applied For \$2,307,247																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>02-241</td> <td>Fed RCRA</td> <td>PRF</td> <td>\$1,832,896</td> <td></td> <td></td> <td>34.5</td> <td>Perm.</td> </tr> <tr> <td>02-341</td> <td>Fed RCRA</td> <td>PRF</td> <td>\$68,000</td> <td></td> <td></td> <td>2</td> <td>Perm.</td> </tr> <tr> <td>02-848</td> <td>Indirect</td> <td>PRF</td> <td>\$406,351</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02-221</td> <td>S/HW Fees</td> <td>PR</td> <td>\$306,000</td> <td></td> <td></td> <td>4.5</td> <td>Perm.</td> </tr> <tr> <td>02-201</td> <td>GPR</td> <td>GPR</td> <td>\$389,118</td> <td></td> <td></td> <td>3.75</td> <td>Perm.</td> </tr> <tr> <td>02-801</td> <td>GPR</td> <td>GPR</td> <td>\$148,395</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	02-241	Fed RCRA	PRF	\$1,832,896			34.5	Perm.	02-341	Fed RCRA	PRF	\$68,000			2	Perm.	02-848	Indirect	PRF	\$406,351					02-221	S/HW Fees	PR	\$306,000			4.5	Perm.	02-201	GPR	GPR	\$389,118			3.75	Perm.	02-801	GPR	GPR	\$148,395				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																					
				No. (FTE)	Type	No. (FTE)	Type																																																								
02-241	Fed RCRA	PRF	\$1,832,896			34.5	Perm.																																																								
02-341	Fed RCRA	PRF	\$68,000			2	Perm.																																																								
02-848	Indirect	PRF	\$406,351																																																												
02-221	S/HW Fees	PR	\$306,000			4.5	Perm.																																																								
02-201	GPR	GPR	\$389,118			3.75	Perm.																																																								
02-801	GPR	GPR	\$148,395																																																												
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 24.08% Base \$2,303,764 Amount \$554,746 <input type="checkbox"/> No																																																															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature Title if other than Agency Secretary Administrator - OPA Date 8/11/95																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																															
Reviewing Analyst: <u>Russel Rasmussen</u> Phone <u>6-9329</u> SAI Number <u>WI 950818-233-A</u>																																																															
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature: <u>Russel Rasmussen</u> Date: <u>8/21/95</u> Date Received: <u>8-18-95</u> Date Due: <u>9-1-95</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

September 25, 1995

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

Air Pollution Control (Great
Lakes Atmospheric Loading Monitoring
Network), State Application Identifier
Number WI950824-244-N66001YY

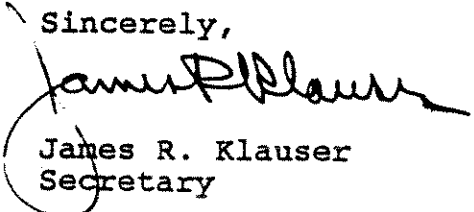
Dear Mr. Bazzell:

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

Air Pollution Control Program

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.001		3 Agency I.D. (Optional) 618	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921		5 Federal Agency to Receive Request ENVIRONMENTAL PROTECTION AGENCY			
Contact Person BRUCE C. RODGER Phone 608/266-1722		6 Period of Funding Mo/Day/Year 10/01/95 09/30/96		7 Application Due Date Mo/Day/Year 10/01/95	
8 Agency Project Title GREAT LAKES ATMOSPHERIC LOADING MONITORING NETWORK		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates NWRPC 8/22/95 <i>Wesley</i>		10 Area of Impact County/States DOUGLAS	
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: 15 YEARS (1980-95)		Y All: <i>ED</i>		COUNTY IN WI	
14 Funding, Allotment and Position Data (including Federal indirect costs)					
Total Federal Funds Applied For \$8,711.00					
Numeric Appropriation		Source		Revenue Type	
Amount		New Positions No. (FTE)		Existing Positions No. (FTE)	
Type		Type		Type	
236	STATE	PRO	\$403		0.22 PERM
801	STATE	GPR	\$ 56		
241	FEDERAL	PR-F	\$7,647		
846	FEDERAL	PR-F	\$1,064		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 24.08% Base \$4,650.00 Amount \$1,120 <input type="checkbox"/> No					
16 Authorizations <input checked="" 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: 8/22/95	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst: <i>Doug Percy</i>		Phone: 6-1039		SAI Number: WI950824-244-N	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date: 8/25/95		Date Received: 8-24-95 Date Due: 9-7-95	
Signature: <i>Doug Percy</i>		Date: 8/25/95		Date Due: 9-7-95	

6600
VV

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

September 25, 1995

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

State Revolving Fund Capitalization
Grant FY6, State Application Identifier
Number WI950818-234-N66458XX

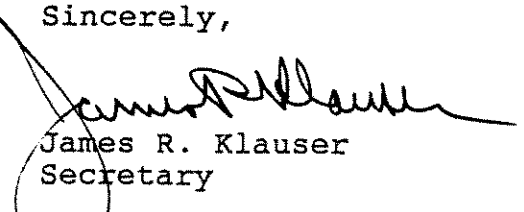
Dear Mr. Bazzell:

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# 66.458		3 Agency I.D. (Optional) <i>616</i>	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Becky Scott Phone 608-267-7584 <i>State Recovery Funds</i>		5 Federal Agency to Receive Request Environmental Protection Agency		6 Period of Funding Mo/Day/Year 01/01/96 09/30/97	
7 Application Due Date Mo/Day/Year 10/01/95		8 Agency Project Title FY 96 SAF-Capitalization Grant		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>needs w/ EO</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 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: 7		All <i>8/14/95</i>		14 Funding, Allotment and Position Data (including Federal indirect costs)	
Total Federal Funds Applied For <u>\$33,298,848</u>					
Numeric Appropriation		Revenue Type		Amount	
Source		New Positions		Existing Positions	
		No. (FTE)		Type	
		No. (FTE)		Type	
73-281-21	Federal	PR-F	\$437,281		12.0 Perm
73-497-50	Federal	PR-F	\$659,258		18.5 Perm
846-Indirect	Federal	PR-F	\$235,415		
20.320(1)	(S)State	SEG	\$6,659,770		
20.320(1)	(S)Federal	PR-F	\$31,966,894		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>.2408</u> Base <u>\$977,639</u> Amount <u>\$235,415</u> <input type="checkbox"/> No					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrel L. Bazzell <i>Darrel Bazzell</i> Signature		Title if other than Agency Secretary Administrator - OPA Date <i>8/11/95</i>	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <i>Russ Rasmussen</i> Phone <i>6-7329</i>		SAI Number <i>WI950818-234-N</i>		Date Received <i>8-18-95</i>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date <i>8/25/95</i>		Date Due <i>9-1-95</i>	
Signature <i>Russell Rasmussen</i>					

6645
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

September 26, 1995

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

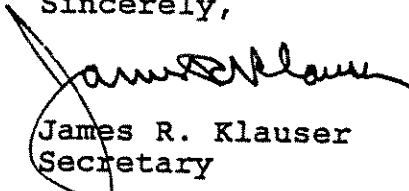
Plant and Animal Disease, Pest Control
and Animal Care (Gypsy Moth Egg Mass
Survey), State Application Identifier
Number WI950922-274-N10025XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to 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 5-84)
(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

** Animal Care*
Plant & Animal Disease, Pest Control

1 Applicant Agency Agriculture, Trade & Consumer Protection		2 CFDA # <u>1.0.0.2.5</u>	3 Agency I.D. (Optional)																																																																																																																																																																									
4 Address (Street/City/State/Zip) PO Box 8911, 2811 Agriculture Drive Madison, WI 53708 Contact Person Lee Lovett Phone 224-4586		5 Federal Agency to Receive Request USDA-APHIS-PPQ																																																																																																																																																																										
		6 Period of Funding Mo/Day/Year <u>9/18/95 -</u> <u>12/15/95</u>	7 Application Due Date Mo/Day/Year																																																																																																																																																																									
8 Agency Project Title <u>Gypsy Moth Egg Mass Survey</u>		9 Executive Order 12572 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WT</u> <u>EO</u> All		10 Area of Impact Counties/States																																																																																																																																																																								
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>\$15,000</u>																																																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Numeric Appropriation</th> <th>Source</th> <th>Revenue Type</th> <th>Amount</th> <th>New Positions No. (FTE)</th> <th>Type</th> <th>Existing Positions No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>742</td> <td>Federal</td> <td>Fed</td> <td>\$ 12,599</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>841</td> <td>Indirect</td> <td>Fed</td> <td>\$ 2,401</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> <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 No. (FTE)	Type	Existing Positions No. (FTE)	Type	742	Federal	Fed	\$ 12,599					841	Indirect	Fed	\$ 2,401																																																																																																																																																							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																																																																																																																																					
742	Federal	Fed	\$ 12,599																																																																																																																																																																									
841	Indirect	Fed	\$ 2,401																																																																																																																																																																									
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>20.26%</u> Base <u>11,850</u> Amount <u>\$2,401</u> <input type="checkbox"/> No																																																																																																																																																																												
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Elizabeth Kohl Signature <u>Elizabeth Kohl</u> Date <u>9-15-95</u> Title if other than Agency Secretary Deputy Secretary																																																																																																																																																																										
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																																																																																																												
Reviewing Analyst <u>Jacky Gugonheimer</u> Phone <u>608-7597</u>		SAI Number <u>WT 950922-2</u>																																																																																																																																																																										
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>9-22-95</u>																																																																																																																																																																										
Signature <u>Russell Kammiser</u> Date <u>9/26/95</u>		Date Due <u>10-6-95</u>																																																																																																																																																																										
COMMENTS:																																																																																																																																																																												

24-N
10
025
XX