

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_pt82

➤ Record of Comm. Proceedings ... RCP

➤ **

STATE OF WISCONSIN

DEPARTMENT OF ADMINISTRATION

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



Mailing Address:

Post Office Box 7864

Madison, WI 53707-7864

October 3, 1995

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

Low-Income Home Energy Assistance
Block Grant, State Application
Identifier Number WI951002-283-N93568XX

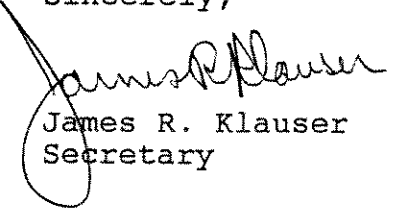
Dear Secretary Llean:

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

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

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

Sincerely,


James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
Form R12/92

Federal-State Relations Office
101 E. Wilson Street, 8th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

RUSH

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>93.568</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 1 West Wilson St. Madison, WI 53703 Contact Person Steve Tryon Phone 266-7601		5 Federal Agency to Receive Request DH&S: Office of Community Services		7 Application Due Date Mo/Day/Year 9/29/95	
8 Agency Project Title <i>For</i> Low-Income Energy Assistance Block Grant		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EC</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 _____			
13 Number of Years Previously Funded <i>more than 10</i>					

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$34,546,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
494	Federal	PR-F	\$ 1,596,200			11.5	Perm
495	Federal	PR-F	\$ 33,465,000	<i>None</i>			
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 11.6% Base _____ Amount _____ No

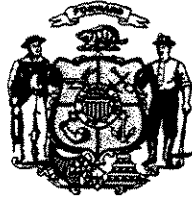
16 Authorizations
 Delegated Review
Authorized Agency Representative (Type or Print)
Richard W. Lorang
Signature *Richard W. Lorang*
Title if other than Agency Secretary
Deputy Secretary
Date 9-29-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jennifer Sajne Phone 6-8219 SAI Number WI951002-283-N
 Recommendation: Approve Approve With Conditions Deny Date Received 10-2-95
 Signature *Jennifer Sajne* Date 10/2/95 Date Due 10-2-95
 COMMENTS: _____

98
568

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 29, 1995

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

Substance Abuse Prevention and
Treatment Block Grant, State
Application Identifier
Number WI950901-251-N93992XX

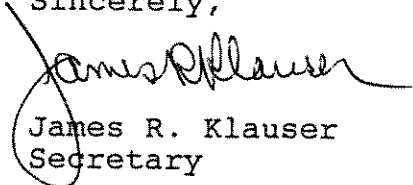
Dear Secretary LEEAN:

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,


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 & Social Services		2 CFDA # 93 - 992		3 Agency I.D. (Optional)							
4 Address (Street/City/State/Zip) 1 West Wilson St., P.O. Box 7850 Madison, WI 53707-7850 Contact Person Philip McCullough Phone 266-3719		5 Federal Agency to Receive Request DH&HS, Ctr. for Substance Abuse Treatment		7 Application Due Date Mo/Day/Year Sept. 1, 1995							
8 Agency Project Title Substance Abuse Prevention and Treatment Block Grant		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Not in Fed Book</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 _____		13 Number of Years Previously Funded more than 5							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$21,838,831											
Numeric Appropriation		Source		Revenue Type		Amount		New Positions No. (FTE) Type		Existing Positions No. (FTE) Type	
690		Federal		PR-F		\$ 1,170,800		None		17.25 Perm	
744		Federal		PR-F		\$ 7,316,800		None		16.25	
790		Federal		PR-F		\$ 9,760,631					
791		Federal		PR-F		\$ 3,290,600					
344		Federal		PR-F		\$ 300,000					
						\$					
						\$					
						\$					
						\$					
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 5.2% Base \$561,115 Amount \$29,178 <input type="checkbox"/> No											
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>[Signature]</i>			Title if other than Agency Secretary Deputy Secretary Date 8-27-95						
FOR DEPARTMENT OF ADMINISTRATION USE ONLY											
Reviewing Analyst <i>Gretchen Fossum</i> Phone _____				SAI Number WI950901-281-1							
Recommendation: <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received 9-1-95 93							
Signature <i>Gretchen A. Fossum</i> Date 9/27/95				Date Due 9-15-95 992							



TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

October 3, 1995

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

Criminal Justice Statistics
Development (WI Statistical
Analysis Center Clearinghouse),
State Application Identifier
Number WI950929-279-N16550XX

Dear Mr. Sell:

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Dev.
Criminal Justice Statistics

1 Applicant Agency Wisconsin Office of Justice Assistance	2 CFDA # 16550	3 Agency I.D. (Optional) SAC Clearinghouse
4 Address (Street/City/State/Zip) 222 State Street, Second Floor Madison, WI 53702-0001 Contact Person Stephen W. Grohmann Phone 608-266-7185	5 Federal Agency to Receive Request U.S. Dept. of Justice	6 Period of Funding Mo/Day/Year _____
8 Agency Project Title Wisconsin Statistical Analysis Center Clearinghouse	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates NO WI EO	10 Area of Impact Counties/States Statewide
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded 6		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For _____							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
641	Federal	PR-F	\$ 49,901	0	0	.10	FTE
			\$.15	FTE
			\$.25	FTE
			\$.50	FTE
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Steven D. Sell Signature <i>Steven D. Sell</i>	Title if other than Agency Secretary Executive Director Date September 25, 1995
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Mike Heitetz</u> Phone <u>7-0370</u>	SAI Number <u>WI 950929-279-N</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>9-29-95</u>	
Signature <u>Mike Heitetz</u>	Date <u>10-2-95</u>	Date Due <u>10-13-95</u>

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WISCONSIN FEDERAL GRANT APPLICATION NOTICE

H-783-1

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

AIDS Activity

1 Applicant Agency Wisconsin Dept. of Health & Social Services		2 CFDA # 93 • 118	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 W. Wilson St. PO Box 309 Madison, WI 53703-0309		5 Federal Agency to Receive Request Centers for Disease Control and Prevention	
Contact Person James M. Vergeront, MD Phone (608)266-9853		6 Period of Funding Mo/Day/Year 01/01/96 12/31/96	7 Application Due Date Mo/Day/Year 10/02/95
8 Agency Project Title (HIV Prevention)		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates no red EO	
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 Coop Agreement		
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 **\$2,292,470.**

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$2,292,474.			9.5	Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate **13.2** Base **381,380** Amount **50,342** No

16 Authorizations
 Delegated Review
Authorized Agency Representative (Type or Print) **Richard W. Lorang**
Signature *Richard W. Lorang*
Title if other than Agency Secretary **Deputy Secretary**
Date **9-28-95**

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Sue Jablonsky* Phone **9-9546** SAI Number **WI 951005-289-N**
Recommendation: Approve Approve With Conditions Deny
Date Received **10-5-95**
Signature _____ Date _____ Date Due **Dec 1**

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

PROGRESS REPORT

CONCURRENCE

93
118
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

All-Volunteer Force Ed. Assistance

<p>1 Applicant Agency Dept. of Industry, Labor & Human Relations</p>	<p>2 CFDA # 6 4 . 1 2 4</p>	<p>Agency I.D. (Optional) VAR 42-96</p>
<p>4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Sue Huss Phone 266-3338</p>	<p>5 Federal Agency to Receive Request U. S. Dept. of Veteran's Affairs</p>	<p>6 Period of Funding Mo/Day/Year 10/01/95 09/30/96</p>
<p>8 Agency Project Title Department of Veteran's Affairs-Apprenticeship Program</p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates</p>	<p>7 Application Due Date Mo/Day/Year 09/15/95</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 type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other</p>	<p>10 Area of Impact Counties/Stages Statewide</p>

13 Number of Years Previously Funded: More than 7 years

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For: \$142,248

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR-F	\$ 141,569			2.85	Perm
153-Indirect	Federal	PR-F	\$ 679				

15 Indirect Cost Reimbursement
 Yes Rate .75% of Salaries Base \$90,496 Amount \$679 No

16 Authorizations
 Delegated Review ?

Authorized Agency Representative (Type or Print) Susan Huss	Title if other than Agency Secretary Budget Analyst
Signature <i>Susan Huss</i>	Date 9/14/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Wanda Cant* Phone: *6-1103* SAI Number: *WI 950918-22*

Recommendation: Approve Approve With Conditions Deny Date Received: *9-18-95*

Signature: *[Signature]* Date: *9/15/95* Date Due: *10-2-95*

COMMENTS:

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Comments Continued on Reverse or on a Separate Sheet

H-769-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration
Form OGA-7023 (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 608/257-2123

*Based Childhood Lead Poisoning
Projects - State & Community -
Childhood Lead Poisoning Prevention*

1 Applicant Agency: DHSS/Div. of Health/Bureau of Public Health
21 CFRDA #: 93 - 197
3 Agency LD. (Optional):

4 Address (Street/City/State/Zip): 1414 E. Washington Ave, Madison WI 53702
Contact Person: Terry Moen, Phone: 608/266-8579
5 Federal Agency to Receive Request:
6 Period of Funding: 10/01/95 to 09/30/96
7 Application Due Date: 07/14/95

8 Agency Project Title: Wisconsin ABLES Program
9 Executive Order 12172 Review Required: Yes, No
101 Area of Impact: Counties/States

11 Type of Application: New Grant, Amendment to Current Grant, Continuation-Unchanged, Continuation-Modified
12 Type of Assistance: Grant, Formula, Discretionary, Other Co. Op. Agreement
Cleanhouses: Notified Dates: No WT, E8

13 Number of Years Previously Funded:
14 Funding, Allotment and Position Data (including Federal indirect costs):

Total Federal Funds Applied For: \$22,000.00				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
149	Federal	PR-F	\$22,000			.3	Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement: Yes, Rate 13.2%, Base \$12,480, Amount \$1,647, No

16 Authorizations: Delegated Review
Authorized Agency Representative (Type or Print): Richard W. Lorang
Signature: *Richard W. Lorang*
Title if other than Agency Secretary: Deputy Secretary
Date: 7-12-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Aue Jablonsky*, Phone: 7-9546, SAI Number: WI950717-201-A
Recommendation: Approve, Approve With Conditions, Deny
Signature: _____, Date: _____, Date Received: 7-17-95, Date Due: *Del*

COMMENTS:

 Comments Continued on Reverse or on a Separate Sheet

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a3
199
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WISCONSIN FEDERAL GRANT APPLICATION NOTICE

4-771-1

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

Maternal-Child Health Programs
Fed. Consolidated

1 Applicant Agency DHSS, DIVISION OF HEALTH		2 CFDA # <u>93-11D</u> <u>92-283</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 EAST WASHINGTON AVENUE ROOM 167 MADISON, WI 53703-3044 Contact Person C. CANTLON / S. BULGRIN Phone 608 267-9300 608 267-9069		5 Federal Agency to Receive Request FEDERAL MCH	
8 Agency Project Title STATE SYSTEMS DEVELOPMENT INITIATIVE		6 Period of Funding Mo/Day/Year 10-1-95 9-30-96	7 Application Due Date Mo/Day/Year 07/14/95
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed</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 WI 1-9 (ALL COUNTIES)	
13 Number of Years Previously Funded <u>2</u>			

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
191	FEDERAL	PR-F	\$ 100,000.				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) RICHARD W. LORANG	Title if other than Agency Secretary DEPUTY SECRETARY
	Signature <i>Richard W. Lorang</i>	Date 7-12-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Ane Jablonsky Phone 7-9576 SAI Number WI950721-214-N

Recommendation: Approve Approve With Conditions Deny Date Received 7-21-95

Signature _____ Date _____ Date Due 9/21

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

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110
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H-777-1

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., 5th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

Health Program for Toxic Substances
Disease Registry

1 Applicant Agency WI Department of Health & Social Services		2 CFDA # <u>93.161</u>		3 Agency LO (Optional)	
4 Address (Street/City/State/Zip) 1414 E Washington Ave, Room 96 Madison WI 53703-3044		5 Federal Agency to Receive Request Agency for Toxic Substances and Disease Registry		7 Application Due Date Mo/Day/Year 08/10/95	
6 Period of Funding Mo/Day/Year 09/30/95		8 Agency Project Title Consortium for the Health Assessment of Great Lakes Sport Fish Consumption.		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Coop Agreement</u>		10 Area of Impact Counties/States Statewide	
13 Number of Years Previously Funded <u>3</u>		Clearinghouses: Notified <u>No</u> Date <u>WT</u>		EO <u>EO</u>	

14 Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For <u>\$701,147</u>						
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE) Type
149	Federal	PRF	\$ 701,147			1 Person 2 Project
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base \$32,176 Amount \$4,247 No

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print) Richard Lorang
 Title if other than Agency Secretary Deputy Secretary
 Signature [Signature] Date 8-10-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst [Signature] Phone 7-9546 SAI Number WI950821-247
 Recommendation: Approve Approve With Conditions Deny Date Received 8-21-95
 Signature _____ Date _____ Date Due [Signature]

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

47
93
161
X?

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

H-766-1
Federal State Relations Office
101 S. Webster St., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/257-2125

*Comprehensive Breast + Cervical Cancer Early
Coop Agreements for State-Based*

Detecto

1 Applicant Agency DEPARTMENT OF HEALTH AND SOCIAL SERVICES		2 CFDA # <u>93.919</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) DIVISION OF HEALTH, BUREAU OF PUBLIC HEALTH 1414 E. WASHINGTON AVE., MADISON, WI 53703 Contact Person GALE D JOHNSON Phone 261-6872		5 Federal Agency to Receive Request CENTERS FOR DISEASE CONTROL & PREVENTION	
8 Agency Project Title WISCONSIN WOMEN'S CANCER CONTROL PROGRAM		6 Period of Funding Mo/Day/Year <u>09/30/95</u> <u>09/29/96</u>	7 Application Due Date Mo/Day/Year <u>06/23/95</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 _____	
13 Number of Years Previously Funded		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No use</u> <u>EO</u> All	
10 Area of Impact Counties/States STATEWIDE			

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For 2,597,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	FEDERAL	PR-F	\$2,597,000			12	PERMANENT
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base 448,478 Amount \$59,199 No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) RICHARD W. LORANG	Title if other than Agency Secretary ACTING SECRETARY
Signature <i>[Signature]</i>	Date <u>6/22/95</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Jablonsky Phone 7-9546 SAI Number WT950627-190-N

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

Signature _____ Date _____ Date Due 9/30

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

*93
919
XX*

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-763-1

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

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

State Grants Projects
Injury Prevention & Control Rec. x

1 Applicant Agency
DEPARTMENT OF HEALTH & SOCIAL SERVICES

2 CFDA # 93.136

3 Agency (Optional)
SH

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

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

6 Period of Funding Mo/Day/Year
09/30/95

7 Application Due Date Mo/Day/Year
06/23/95

8 Agency Project Title
WI FIREARM INJURY SURVEILLANCE PROJECT

9 Executive Order 12372 Review Required
 Yes No
Clearinghouses/Notified Dates
No Fed EO

10 Area of Impact
Counties/States
STATEWIDE

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

12 Type of Assistance
Grant
 Formula
 Discretionary
Other _____

13 Number of Years Previously Funded ONE

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For **\$175,000**

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	FEDERAL	PR-F	\$175,000			1.50	PROJECT
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base SALARIES Amount \$6,705.00 No

16 Authorizations
 Delegated Review

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

Signature
R. W. Lorang

Title if other than Agency Secretary
ACTING SECRETARY

Date
6-21-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 7-9546 SAI Number WI95009-193-N

Recommendation: Approve Approve With Conditions Deny

Signature _____ Date _____ Date Received 6-27-95 Date Due Del.

COMMENTS:

93
136
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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

H-760-1

1 Applicant Agency Wis. Dept. of Health & Social Services	2 CFDA # <u>93.994</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Room 227 Madison WI 53703-3044 Contact Person Kenneth Baldwin Phone (608) 266-1251	5 Federal Agency to Receive Request Dept. of Health & Human Services	
8 Agency Project Title Maternal & Child Health <i>Services</i> Block Grant	6 Period of Funding Mo/Day/Year Oct. 1, 1995 7 Application Due Date Mo/Day/Year Sept. 30, 1996 July 15, 1995	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed. E.O.
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 _____	10 Area of Impact Counties/States Statewide

13 Number of Years Previously Funded _____

14 Funding, Allotment and Position Data (including Federal indirect costs)
 Total Federal Funds Applied For \$11,864,116

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
191	Federal	PR-f	\$4,005,713			53.00	Perm*
193	Federal	PR-F	\$7,858,403				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

*16.50(3) request for 1.0 FTE pending

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base \$2,109,815 Amount \$278,496 No

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print) Richard W. Lorang
 Title if other than Agency Secretary Deputy Secretary
 Signature [Signature] Date 7-10-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 7-9546 SAI Number WT950717-208-N
 Recommendation: Approve Approve With Conditions Deny Date Received 7-17-95
 Signature _____ Date _____ Date Due Del.

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

93
994
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-767-1

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

Cancer Control

1 Applicant Agency WISCONSIN DIVISION OF HEALTH		2 CFDA # <u>93 • 399</u>	
4 Address (Street/City/State/Zip) P O BOX 309 MADISON WI 53701 Contact Person Kate Kvale Phone 608/266-0008		3 Agency I.D. (Optional) _____	
8 Agency Project Title WISCONSIN BREAST AND CERVICAL CANCER SCREENING PROJECT		5 Federal Agency to Receive Request National Cancer Institute	
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		6 Period of Funding Mo/Day/Year 09/01/95 08/31/96	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		7 Application Due Date Mo/Day/Year 07/01/95	
13 Number of Years Previously Funded 3		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Date _____ _____ _____ _____ All	
10 Area of Impact Counties/States STATEWIDE			

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

Total Federal Funds Applied For \$335,809

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	FEDERAL	PR-F	\$ 335,809			1	PROJ PERM
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 13.2% Base 39,767 Amount 5,249 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 	Date 6-27-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Dee Jablonsky Phone 7-9576 SAI Number WI950717-209-N
 Recommendation: Approve Approve With Conditions Deny Date Received 7-17-95
 Signature _____ Date _____ Date Due Dee

COMMENTS:

93399
XX

Comments Continued on Reverse or on a Separate Sheet

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., 9th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

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

H-765-1

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, Room 172, Madison, WI Contact Person Mary Erikson Phone 266-1644	5 Federal Agency to Receive Request Centers for Disease Control <i>JJC</i>
8 Agency Project Title National Program of Cancer Registries	6 Period of Funding Mo/Day/Year <u>10-1-05</u> <u>09-30-96</u>
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	7 Application Due Date Mo/Day/Year 6-30-95
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 WI</i> <i>EO</i> All
13 Number of Years Previously Funded one	10 Area of Impact Counties/States All Counties

14 Funding, Allotment and Position Data (Including Federal indirect costs)							
Total Federal Funds Applied For \$ <u>198,165</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PR-F	\$ 198,165				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations	Authorized Agency Representative (Type or Print) Richard Lorang	Title if other than Agency Secretary Acting Secretary
<input checked="" type="checkbox"/> Delegated Review	Signature <i>Richard Lorang</i>	Date 6-27-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Due Jablonsky* Phone 7-9546 SAI Number WI95072-215-N

Recommendation: Approve Approve With Conditions Deny Date Received 7-27-95

Signature _____ Date _____ Date Due 7-27-95

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

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283
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H-787-1

APPLICATION NOTICE FORM

Department of Ac
Form OOA-7020 ()
(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

Consultation Agreements

1 Applicant Agency WI Department of Health & Social Services		2 CFDA # <u>17 • 504</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 1414 E. Washington Avenue, Room 112 Madison, WI 53703		5 Federal Agency to Receive Request U.S. Department of Labor		7 Application Due Date Mo/Day/Year 08/25/95	
Contact Person Terry Moen Phone 608-266-8579		6 Period of Funding Mo/Day/Year 10/01/95 09/30/96			
8 Agency Project Title OSHA 7(c)(1) Laboratory		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10 Area of Impact Counties/States Nationwide	
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 _____		Clearinghouses: Notified _____ Dates _____ <i>No Fed ER</i>	
13 Number of Years Previously Funded <u>17</u>		All			

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

Total Federal Funds Applied For \$1,394,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 1,394,000		All contractual services to Wisconsin Occupational Health Laboratory, State Lab of Hygiene (\$10,000 to DOH for fiscal monitoring)		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

Delegated Review

Authorized Agency Representative (Type or Print)
Richard W. Lorang
Signature *Richard W. Lorang*
Title if other than Agency Secretary
Deputy Secretary
Date
9-21-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Sue Jablonsky* Phone 7-9546 SAI Number WI950929-282-N

Recommendation: Approve Approve With Conditions Deny Date Received 9-29-95

Signature _____ Date _____ Date Due 9-29-95

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

17
504
XX



TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

October 4, 1995

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

Carnegie "Starting Points" Grant,
State Application Identifier Number
WI951004-284-N00000XX

Dear Secretary Leean:

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

1 Applicant Agency Dept. of Health & Social Services	2 CFDA # <u>n/a</u>	3 Agency I.D. (Optional) <i>Private</i>
4 Address (Street/City/State/Zip) P. O. Box 7851 Madison, WI 53707 Contact Person Gail Propson Phone 608/267-2887	5 External Agency to Receive Request Carnegie Corporation of New York	
	6 Period of Funding Mo/Day/Year <u>1/1/96</u> <u>12/31/97</u>	7 Application Due Date Mo/Day/Year 10/5/95
8 Agency Project Title Carnegie "Starting Points" Grant	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ _____ All _____	10 Area of Impact Counties/States <u>statewide w/ Milw Co target</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 _____	
13 Number of Years Previously Funded <u>n/a</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$104,740</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
733	foundation	PR	\$ 104,740				
193	match	PR-F	\$ 9,600				
656	match	PR-F	\$ 32,162				
743	match	PR-F	\$ 30,000				
749	match	PR-F	\$ 10,000				
			\$				
	local match		\$ 33,020				
			\$				

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 Signature _____	Title if other than Agency Secretary Deputy Secretary Date _____	

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>STEPHEN A. FASSUN</u> Phone <u>266-2288</u>	SAI Number <u>WI 951004-284-N</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>10-4-95</u>
Signature <u>Stephen A. Fassun</u> Date <u>10/4/95</u>	Date Due <u>10-4-95</u>

COMMENTS: _____

XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-773-1

Department of Administration
Form DOA-7939 (R 5-88)
(Formerly FDA 80)

Federal-State Relations Office
101 S. Webster St., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 808/267-2125

1 Applicant Agency DHSS-Division of Health- BQC		2 CFDA # _____	3 Agency I.D. (Optional) 435
4 Address (Street/City/State/Zip) 1 W. Wilson St, Madison, WI 53701 Contact Person Otis L. Woods Phone 266-7952		5 Federal Agency to Receive Request DHSS-HCFA-Region V-Chicago	
		6 Period of Funding Mo/Day/Year 10/1/95 9/30/96	7 Application Due Date Mo/Day/Year 7/21/95
8 Agency Project Title State Health Care Provider Certification		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates	
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 type="checkbox"/> Discretionary Other <u>Contract</u>	10 Area of Impact Counties/States Statewide	

13 Number of Years Previously Funded							
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$3,030,724</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
142	Contract	Federal	\$ 3,030,724	3.881		41.975	Perm
			\$	Increase is the result of activity funding reallocation. <i>Does not change overall level of FTE's overall</i>			
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 10.5% Base \$1,603,744 Amount \$168,393 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 7-26-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Jeff Deister* SAI Number: WT 950821-242-N
 Recommendation: Approve Approve With Conditions Deny Date Received: 8-21-95
 Signature: _____ Date: _____ Date Due: Del

COMMENTS:

N
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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

October 9, 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,
State Application Identifier
Number WI950901-254-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,


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

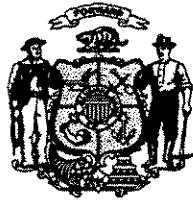
1 Applicant Agency Department of Natural Resources		2 CFDA# 66-805	3 Agency I.D. (Optional) 619																																																				
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Thomas Fass Phone 608-267-3532		5 Federal Agency to Receive Request USEPA Region V																																																					
		6 Period of Funding Mo/Day/Year 1/1/96 12/31/97	7 Application Due Date Mo/Day/Year 10/01/95																																																				
8 Agency Project Title Leaking Underground Storage Tank		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates y Needs it EJ	10 Area of Impact Counties/States ALL/WI																																																				
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:	13 Number of Years previously funded: 6 All 8-38/95																																																					
14 Funding, Allotment and Position Data (Including Federal indirect costs) Total Federal Funds Applied For \$2,070,832																																																							
<table border="1"> <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>74-280</td> <td>FED</td> <td>PRF</td> <td>\$1,597,943</td> <td></td> <td></td> <td>34.0</td> <td>PERM</td> </tr> <tr> <td>74-275</td> <td>ENV.FUND</td> <td>SEG</td> <td>\$188,660</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02-341</td> <td>FED</td> <td>PRF</td> <td>\$100,000</td> <td></td> <td></td> <td>2.0</td> <td>PERM</td> </tr> <tr> <td>02-846</td> <td>INDIRECT</td> <td>PRF</td> <td>\$372,889</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02-801</td> <td>STATE</td> <td>GPR</td> <td>\$41,432</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	74-280	FED	PRF	\$1,597,943			34.0	PERM	74-275	ENV.FUND	SEG	\$188,660					02-341	FED	PRF	\$100,000			2.0	PERM	02-846	INDIRECT	PRF	\$372,889					02-801	STATE	GPR	\$41,432				
Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																													
				No. (FTE)	Type	No. (FTE)	Type																																																
74-280	FED	PRF	\$1,597,943			34.0	PERM																																																
74-275	ENV.FUND	SEG	\$188,660																																																				
02-341	FED	PRF	\$100,000			2.0	PERM																																																
02-846	INDIRECT	PRF	\$372,889																																																				
02-801	STATE	GPR	\$41,432																																																				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 2408 Base at 720,803 Amount \$414,321 <input type="checkbox"/> No																																																							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>	Title if other than Agency Secretary Administrator - OPA Date																																																				
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																							
Reviewing Analyst <i>Russell Rasmussen</i> SAI Number _____ Phone _____		Date Received <i>9-1-95</i> <i>66</i>																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Due <i>9-15-95</i> <i>805</i>																																																					
Signature <i>Russell Rasmussen</i> Date <i>9/8/95</i>		Date Due <i>9-15-95</i> <i>805</i>																																																					
COMMENTS:																																																							

WT950901-254-N
66
805
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STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

October 10, 1995

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

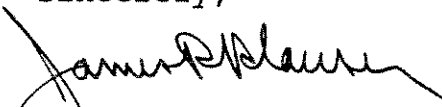
Ice Age Trail-Acquisition Project,
State Application Identifier Number
WI950922-273-N00000ZZ

Dear Mr. Bazzell:

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

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) 257-2125

1 Applicant Agency Department of Natural Resources		2 CFDA# N/A	3 Agency I.D. (Optional) 630																																																												
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Bill Moorman Phone (608) 266-7616		5 Federal Agency to Receive Request National Park Service																																																													
8 Agency Project Title Ice Age Trail - Acquisition Project		6 Period of Funding Mo/Day/Year 9/15/95 - 9/30/96	7 Application Due Date Mo/Day/Year 09/19/95																																																												
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 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																																																													
13 Number of Years previously funded: 0		10 Area of Impact Counties/States Dane Co. Washington SEWRPC Waukesha Portage MCRAC Waupaca ECRAC																																																													
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$18,500																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>181</td> <td>Federal</td> <td>Seg - F</td> <td>\$18,500</td> <td></td> <td></td> <td>1</td> <td>Perm.</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	181	Federal	Seg - F	\$18,500			1	Perm.				\$								\$								\$								\$								\$				
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i> Title if other than Agency Secretary Administrator - OPA Date 9-19-95																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																															
Reviewing Analyst: <i>Shelley Moore</i> Phone: <i>609-973</i>		SAI Number: <i>47950922-213-N</i>																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received: <i>9-22-95</i>																																																													
Signature: <i>Shelley Moore</i> Date: <i>10/19/95</i>		Date Due: <i>10-6-95</i>																																																													

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