

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_pt83

➤ Record of Comm. Proceedings ... RCP

➤ **

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

October 10, 1995

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

Coastal Wetlands Planning, Protection and
Restoration Act (Glacial Habitat Restoration
Area-Stage 2), State Application Identifier
Number WI950824-245-N15614YY

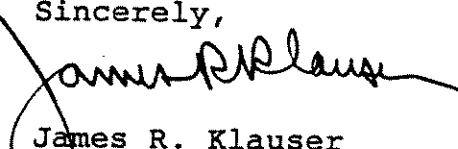
Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

called w. question 9/8/95
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

*Protection & Restoration Act
 Coastal wetland Planning 6/4*

1 Applicant Agency Department of Natural Resources		2 CFDA # <u>15 - FFC</u>	3 Agency I.D. (Optional) 621
4 Address (Street/City/State/Zip) WM/4, Box 7921 Madison, WI 53707-7921 Contact Person Tim Grunewald Phone 608-264-6137		5 Federal Agency to Receive Request U.S. Dept. of Interior	
		6 Period of Funding Mo/Day/Year 3/1/96 - 3/1/98	7 Application Due Date Mo/Day/Year 8/4/95
8 Agency Project Title Glacial Habitat Restoration Area - Stage 2		9 Executive Order 12972 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>needs wt</i> All	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States Winnebago Fond du Lac Dodge Columbia <i>Eckpr</i>	

13 Number of Years Previously Funded One

14 Funding, Allotment and Position Data (including Federal indirect costs)
 Total Federal Funds Applied For \$812,360

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
182		SEG-F	\$ 812,360	0	0	0	0
101		GPR	\$ 29,400	0	0	0	0
161		SEG	\$ 29,400	0	0	0	0
125	<u>Stew BR</u>	GPR	\$ 1,285,000	0	0	0	0
	USFWS		\$425,000				
	PRIVATE		\$229,278				
	STATE (DATCP)		\$54,114				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 21.8% Base 0 Amount 0 No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Darrell Bazzell	Title if other than Agency Secretary Administrator/OPA
	Signature <i>Darrell Bazzell</i>	Date 8/3/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Shelley Moore Phone 6-4973 SAI Number WI950824-245-N
 Recommendation: Approve Approve With Conditions Deny Date Received 8-24-95 15664
 Signature Shelley Moore Date 10/9/95 Date Due 9-7-95

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 10, 1995

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

Coastal Wetlands Planning, Protection and
Restoration Act (Baileys Harbor Boreal Forest
and Wetlands State Natural Area), State
Application Identifier Number WI950901-260-N15614YY

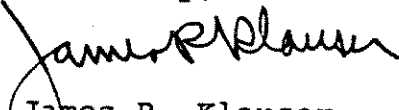
Dear Mr. Bazzell:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

*Received 9/18/95
Called 9/18/95*

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 # <u>15-614</u>	3 Agency I.D. (Optional)																																																																												
4 Address (Street/City/State/Zip) P.O. Box 7921 Madison, WI 53707 Contact Person Thomas Niebauer 608-266-5893 Mark Martin Phone 608-266-8916		5 Federal Agency to Receive Request U.S. Fish & Wildlife Service																																																																													
		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>10/1/95</u>																																																																												
8 Agency Project Title Baileys Harbor Boreal Forest and Wetlands State Natural Area <i>Door Cty.</i>		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Bay-Lake RPC</u> All																																																																													
10 Area of Impact Counties/States <u>Door County</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>3 years</u>																																																																															
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,100,000</u>																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>182</td> <td>Federal</td> <td>PR-F</td> <td>\$ 1,100,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>121</td> <td>State</td> <td>Stewardship</td> <td>\$ See 2. b.</td> <td colspan="2">on attached pages</td> <td></td> <td></td> </tr> <tr> <td>139</td> <td>Private</td> <td>Donations</td> <td>\$ See 2. b.</td> <td colspan="2">on attached pages</td> <td></td> <td></td> </tr> <tr> <td>425,000</td> <td></td> <td><i>ITAC - The</i></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>600,000</td> <td></td> <td><i>Ridges</i></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	182	Federal	PR-F	\$ 1,100,000					121	State	Stewardship	\$ See 2. b.	on attached pages				139	Private	Donations	\$ See 2. b.	on attached pages				425,000		<i>ITAC - The</i>	\$					600,000		<i>Ridges</i>	\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																																					
				No. (FTE)	Type	No. (FTE)	Type																																																																								
182	Federal	PR-F	\$ 1,100,000																																																																												
121	State	Stewardship	\$ See 2. b.	on attached pages																																																																											
139	Private	Donations	\$ See 2. b.	on attached pages																																																																											
425,000		<i>ITAC - The</i>	\$																																																																												
600,000		<i>Ridges</i>	\$																																																																												
			\$																																																																												
			\$																																																																												
			\$																																																																												
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Rate _____ No indirect will be charged to this grant since all dollars will be used for land acquisition.																																																																															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell Bazzell, Administrator Signature <i>Darrell Bazzell</i> Title if other than Agency Secretary Office of Plng. & Analysis Date _____																																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																															
Reviewing Analyst <u>Shelley Moore</u>		SAI Number <u>WI950901-260-N1561444</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>Shelley Moore</u>		Date <u>Oct. 10, 1995</u> Date Due <u>9-21-95</u>																																																																													

Appl.?
not 425,000
600,000

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

Superfund State Site (Multisite
Support Agency PCRA and LTRA),
State Application Identifier
Number WI950912-268-N66802XX


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# 66802		3 Agency I.D. (Optional) <i>625</i>																																																													
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Dick Kalnicky <i>State Site</i> Phone 608/267-7554			5 Federal Agency to Receive Request U.S. EPA, Region V		6 Period of Funding Mo/Day/Year 10/1/95 9/30/00																																																													
8 Agency Project Title Superfund Multisite Support Agency PCRA and LTRA			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs WI ED</i>		10 Area of Impact Counties/States State of Wisconsin																																																													
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		13 Number of Years previously funded: 0 X A/E <i>9/8/95</i>																																																														
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$104,470</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>02-241</td> <td>Fed RCRA</td> <td>PRF</td> <td>\$86,263</td> <td>0.0</td> <td></td> <td>0.0</td> <td></td> </tr> <tr> <td>02-846</td> <td>Indirect</td> <td>PRF</td> <td>\$18,207</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>74-275</td> <td>State</td> <td>SEG</td> <td>\$17,428</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	02-241	Fed RCRA	PRF	\$86,263	0.0		0.0		02-846	Indirect	PRF	\$18,207					74-275	State	SEG	\$17,428																												
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																												
				No. (FTE)	Type	No. (FTE)	Type																																																											
02-241	Fed RCRA	PRF	\$86,263	0.0		0.0																																																												
02-846	Indirect	PRF	\$18,207																																																															
74-275	State	SEG	\$17,428																																																															
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$75,609</u> Amount <u>\$18,207</u> <input type="checkbox"/> No																																																																		
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>		Title if other than Agency Secretary Administrator/OPA Date																																																														
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																		
Reviewing Analyst <u>Russel Grossman</u> Phone <u>6-7329</u>		SAI Number <u>WI950912-268-N</u>																																																																
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>9-12-95</u>		Date Due <u>9-26-95</u>																																																														
Signature <u>Russel Grossman</u>		Date <u>9/19/95</u>		Date Due <u>9-26-95</u>																																																														

66
802
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 10, 1995

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

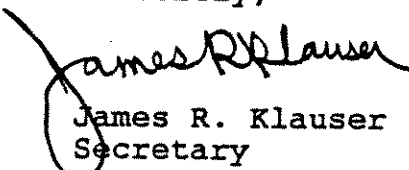
Forestry Research (Physical, Chemical
and Biological Information for Wisconsin
Lakes), State Application Identifier
Number WI951005-285-N10652YY

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 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

Forestry Research

1 Applicant Agency Department of Natural Resources	2 CFDA # <u>10.652</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. Box 7921 Madison, WI 53707 Contact Person Michael Staggs Phone 608-221-6355	5 Federal Agency to Receive Request U.S. Dept. of Agriculture, Forest Service	
8 Agency Project Title Physical, Chemical and Biological Information for Wisconsin Lakes	6 Period of Funding Mo/Day/Year 10/1/95 8/31/96	7 Application Due Date Mo/Day/Year 9/30/95
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 No Fed EO
13 Number of Years Previously Funded <u>0</u>	10 Area of Impact Counties/States Dane County	

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$33,240.00</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
181	Federal	PR-F	\$ 26,789.00	1	LTE		
882		Indirect	\$ 8,064.00				
161	State	Segregated	\$ 6,697.00			1	PERM
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 24.08% Base 33,486 Amount 8,064 No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Darrell Bazzell Signature <i>Darrell Bazzell</i>	Title if other than Agency Secretary Administrator, OPA Date
---	--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: <u>Shelley Moore 6-7973</u>	SAI Number: <u>WI951005-285-N11</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received: <u>10-5-95</u>	652
Signature: <u>Shelley Moore</u> Date: <u>10/19/95</u>	Date Due: <u>10-19-95</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

October 10, 1995

Cheryl E. Gest, Administrative Officer
Research Administration-Financial
University of Wisconsin
750 University Avenue/440 Peterson Building
Madison, WI 53706

Small Business Development Center
CY6, State Application Identifier
Number WI950906-264-N59037XX

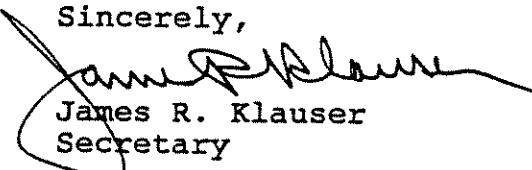
Dear Ms. Gest:

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.

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 18, 1995

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

Emergency Food Assistance Program
(and Soup Kitchen/Food Bank), State
Application Identifier Number
WI951005-286-N10568XX

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, appearing to read 'James R. Klauser for', written in dark ink.

James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Dept. of Health & Social Services		2 CFDA # <u>10 • 568</u>					
4 Address (Street/City/State/Zip) 1 W. Wilson Street Madison, WI 53702 Contact Person Valery Buechner Phone 608/266-3362		5 Federal Agency to Receive Request USDA, Food & Consumer Service					
8 Agency Project Title The Emergency Food Assistance Program & Soup Kitchen/Food Bank Program		6 Period of Funding Mo/Day/Year 10/1/95 9/30/96					
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		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates _____ _____ _____ _____ All					
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Plan</u>		10 Area of Impact Counties/States <u>Statewide</u>					
13 Number of Years Previously Funded <u>more than 5</u>							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>600,000</u>							
	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)	Type
	440	Federal	PR-F	\$ 121,236			
	441	Federal	PR-F	\$ 478,764		1.5	Perm
	401	State	GPR	\$ 150,000			
	415	State	GPR	\$ 170,000			
				\$			
				\$			
				\$			
				\$			
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No							
16 Authorizations Not Delegated <input checked="" type="checkbox"/> Delegated Review Sajna		Authorized Agency Representative (Type or Print) Richard Lorang Signature		Title if other than Agency Secretary Deputy Secretary Date 10-3-95			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Butcher for review</u> Phone <u>622-88</u>				SAI Number <u>WI951005-286-N</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <u>10-5-95</u>			
Signature <u>[Signature]</u> Date <u>10/18/95</u>				Date Due <u>10-19-95</u>			

10
568

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Dept. of Health & Social Services	2 CFDA # <u>93 • 569</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) Division of Economic Support 1 W Wilson, Madison WI Contact Person Sue Levy Phone _____	5 Federal Agency to Receive Request DHHS/Office of Community Services	
8 Agency Project Title 1996 Community Services Block Grant	6 Period of Funding Mo/Day/Year <u>10-1-95</u> <u>9-30-96</u>	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 checked="" type="checkbox"/> Formula <input 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 <u>1981</u>	10 Area of Impact Counties/States Statewide	
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>4,733,130</u>		

Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)
496/497	Federal	PRO-F	\$ 4,733,130	0	4.0
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

15 Indirect Cost Reimbursement
 Yes Rate 11.6% Base _____ Amount _____
 Based on actual salary expenditures 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 Deputy Secretary Date <u>10-12-95</u>
---	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Gretchen Fossam Phone 608-2788 SAI Number WF951016-292-N

Recommendation: Approve Approve With Conditions Deny Date Received 10-16-95 Date Due all

Signature _____ Date _____

COMMENTS:

93
 569
 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

<p>1 Applicant Agency Dept. of Industry, Labor & Human Relations</p> <p>4 Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Sue Huss Phone 266-3338</p> <p>8 Agency Project Title Alien Labor Certification <i>for Alien Workers</i></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>2 CFDA # 17.203</p> <p>3 Agency I.D. (Optional) VAR 35-96</p> <p>5 Federal Agency to Receive Request U. S. Dept. of Labor</p> <p>6 Period of Funding Mo/Day/Year 10/01/95 09/30/96</p> <p>7 Application Due Date Mo/Day/Year 10/25/95</p> <p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No 2 ed E</i> </p> <p>10 Area of Impact Counties/States Statewide</p>
<p>13 Number of Years Previously Funded More than 7 years</p>	<p>14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$298,925</p>

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR-F	\$ 297,611.00	-----	-----	4.66	Perm
153-Indirect	Federal	PR-F	\$ 1,314.00	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----

15 Indirect Cost Reimbursement
 Yes Rat .75% of direct salaries Base \$175,176 Amount \$1,314
 No

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print)
 Sue Huss
 Signature *Sue Huss*
 Title if other than Agency Secretary
 Budget Analyst
 Date

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Orlando Gato* Phone *6-1103* SAI Number *WI951017-294-N*
 Recommendation: Approve Approve With Conditions Deny Date *10-17-95*
 Signature _____ Date _____ Received *Del.*

COMMENTS: _____

17
203
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Dept. of Industry, Labor & Human Relations	2 CFDA # 1 7 . 2 0 3	3 Agency I.D. (Optional) VAR 35-96
4 Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Sue Huss Phone 266-3338	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 10/25/95
8 Agency Project Title Alien Labor Certification <i>For Alien Workers</i>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed ER</i>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Other	10 Area of Impact Counties/States Statewide
13 Number of Years Previously Funded More than 7 years	All	

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For				\$298,925			
Numeric							
Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR-F	\$ 297,611.00	-----	-----	4.66	Perm
153-Indirect	Federal	PR-F	\$ 1,314.00	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----
			\$ -----	-----	-----	-----	-----

15 Indirect Cost Reimbursement
 Yes Rat .75% of direct salaries Base \$175,176 Amount \$1,314 No

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

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature _____ Date _____	Phone <i>601-1103</i>	SAI Number <i>61951017-294</i> Date <i>10-17-95</i> Received <i>Del.</i>
--	-----------------------	--

COMMENTS:

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., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

1 Applicant Agency Dept. of Industry, Labor & Human Relations		2 CFDA # 1 7 . 5 0 4		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Philip Breidel Phone 266-7425		5 Federal Agency to Receive Request U. S. Dept. of Labor		7 Application Due Date Mo/Day/Year 08/25/95	
8 Agency Project Title OSHA Cooperative Agreement - to fund collection of occupational injury and illness data <i>Consultation Agreement</i>		6 Period of Funding Mo/Day/Year 09/01/95 09/30/96		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no Fed EO</i>	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other		10 Area of Impact Counties/States Statewide	
13 Number of Years Previously Funded none		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$64,901			
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .75% of salaries Base \$33,312 Amount \$250 <input type="checkbox"/> No					
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Philip Breidel Signature		Title if other than Agency Secretary Policy Analyst Agency- Senior Date	

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Deborah Gandy* Phone: _____ SAI Number: WI950901-258-N
 Recommendation: Approve Approve With Conditions Deny Date Received: 9-1-95
 Signature: _____ Date: _____ Date Due: 9-15-95
 COMMENTS: _____
Rel. 504 XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Employment Insurance

Applicant Agency Dept. of Industry, Labor & Human Relations		2	CFDA # 17.225	3	Agency I.D. (Optional) SBR 1-95	
Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946		5	Federal Agency to Receive Request U. S. Dept. of Labor			
Contact Person Bill Weber	Phone 266-8220	6	Period of Funding Mo/Day/Year 10/1/95 9/30/96	7	Application Due Date Mo/Day/Year 9/18/95	
Agency Project Title Telephone Initial Claims Liaison Activities		9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1	Area of Impact Counties/States Statewide
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		Clearinghouses: Notified Dates <i>no feed EO</i>		
Number of Years Previously Funded None		All				

Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For		\$75,350					
Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
151	Federal	PR-F	\$ 75,160			1.5	Perm.
153	Indirect	PR-F	\$ 190				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

Indirect Cost Reimbursement		Base \$25,160		Amount \$160		<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes Rate .0075							
Authorizations		Authorized Agency Representative (Type or Print) Bill Weber		Title if other than Agency Secretary Budget Analyst			
<input checked="" type="checkbox"/> Delegated Review		Signature <i>Bill Weber</i>		Date 9/19/95			

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Carla Carro</i>	Phone 6-1103	SAI Number WT950922-215
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date	Date Received 9-22-95
Signature	Date	Date Due 10-6-95

COMMENTS:

Deliv

Q

17
885
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

Employment & Training Asst. - Dislocated Workers

<p>1 Applicant Agency Dept. of Industry, Labor & Human Relations</p>	<p>2 CFDA # 1 7 . 2 4 6</p>	<p>3 Agency I.D. (Optional) VAR 37-96</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 Labor</p>	
<p>6 Agency Project Title National Reserve Funds to implement Dual Enrollment for Trade impacted, dislocated workers in TAA and Title III.</p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EO</i></p>	<p>7 Application Due Date Mo/Day/Year Continuous RFP</p> <p>10 Area of Impact Counties/States Statewide</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>13 Number of Years Previously Funded 0</p>

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$500,000

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
152	Federal	PR-F	\$ 375,000				
145	Federal	PR-F	\$ 124,338			2.31	Perm.
153-Indirect	Federal	PR-F	\$ 662				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate .75% of Salaries Base \$88,225 Amount \$662 No

16 Authorizations

<p><input checked="" type="checkbox"/> Delegated Review</p>	<p>Authorized Agency Representative (Type or Print) Sue Huss Signature <i>Sue Huss</i></p>	<p>Title if other than Agency Secretary Budget Analyst Date 6/28/95</p>
---	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Orlando Castro* Phone *6-1103* SAI Number *WI 950717-206-N*
 Recommendation: Approve Approve With Conditions Deny Date Received *7-17-95*
 Signature _____ Date _____ Date Due *See*

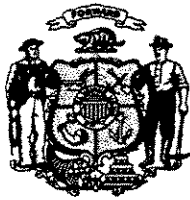
COMMENTS: _____

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

October 23, 1995

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

Water Pollution Control-Research,
Development and Demonstration (Great
Lakes Sediment Clean-up Project Design),
State Application Identifier Number
WI951012-291-N66505ZZ

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

+ Demo
Water Pollution Control - Res. Dev.

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.505	3 Agency I.D. (Optional) 639
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 07/01/96 09/30/98	7 Application Due Date Mo/Day/Year 12/31/95
8 Agency Project Title Great Lakes Sediment Clean-up Project Design		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No E0	
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		10 Area of Impact Counties/States Northeast Wisconsin	
14 Funding, Allotment and Position Data (including Federal indirect costs)			

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

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
241	Federal	PR-F	\$1,000,000				
214	State	GPR	\$53,000				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Darrell L. Bazzell	Title if other than Agency Secretary Administrator - OPA
Signature Darrell Bazzell	Date

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Russ Baerns Phone: 6-7329 SAI Number: WI951012-2911-N66

Recommendation: Approve Approve With Conditions Deny

Signature: Russ Baerns Date: 10/20/95 Date Received: 10-12-95 Date Due: 10-26-95

COMMENTS: 505
22

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 27, 1995

Steven L. Bendrick, Fiscal Officer
Department of Military Affairs
2400 Wright Street
Madison, WI 53708-8111

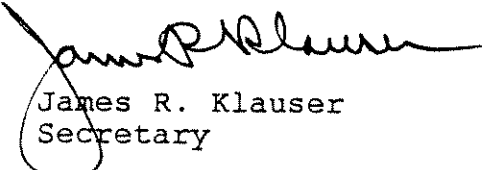
FFY96 Master Cooperative Agreement,
State Application Identifier Number
WI951017-306-N00000XX

Dear Mr. Bendrick:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA 020 (R12/92)

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

<p>1 Applicant Agency MILITARY AFFAIRS</p> <p>4 Address (Street/City/State/Zip) 2400 WRIGHT STREET MADISON, WI 53714-0587</p> <p>Contact Person Steven L. Bendrick Phone 242-3155</p> <p>8 Agency Project Title DAHA-47-94-H-1000 FFY 96 MASTER COOPERATIVE AGREEMENT</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 <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>contract</u></p>	<p>2 CFDA # _____</p> <p>3 Agency I.D. (Optional)</p> <p>5 Federal Agency to Receive Request National Guard Bureau</p> <p>6 Period of Funding Mo/Day/Year 10/01/95 09/30/96</p> <p>7 Application Due Date Mo/Day/Year 09/01/95</p> <p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses Notified Dates <u>No CFDA</u> All</p> <p>10 Area of Impact Counties/States Statewide</p>
--	--

13 Number of Years Previously Funded 30+

14 Funding, Allotment and Position Data (including Federal indirect costs) 9,315,800

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
EQ	Federal	PR-F	\$ 9,315,800	<u>None</u>		181.750	PERM
DF	State	GPR	\$ 381,027			11.125	PERM
DG	State	GPR	\$ 193,190				
DM	State	GPR	\$ 236,454				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement Yes No

Delegated Review

16 Authorizations

Authorized Agency Representative (Type or Print)
Jerald D. Slack

Signature J. D. Slack

Title if other than Agency Secretary
Adjutant General

Date
October 12, 1995

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Pam Henning Phone 7-0371

Recommendation: Approve Approve With Conditions Deny

Signature Pamela Henning Date 10-25-95

SAI Number WI951017-30

Date Received 10-17-95

Date Due 10-31-95

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 23, 1995

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

State Memorandum of Agreement Program
for Reimbursement of Technical Services
(Under the Defense Environmental Restoration
Program), State Application Identifier
Number WI951018-307-N12113YY

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 5-95)
(Formerly FDA 50)

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

*of Technical Services
Program for Reimbursement
State Memorandum of Agreement*

1 Applicant Agency Department of Natural Resources		2 CFDA# 12.113		3 Agency ID (Optional) 641	
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 Department of Defense (DOD)		6 Period of Funding Mo/Day/Year 10/1/95 9/30/97	
7 Application Due Date Mo/Day/Year 11/1/95		8 Agency Project Title State Technical Services Under the Defense Environmental Restoration Program (DERD)		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Date DOA <i>h/w</i> <i>ET</i>	
10 Area of Impact Counties/States Sauk County Monroe County - MISS. <i>RPC</i>		11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:	
13 Number of Years previously funded: 2		14 Funding, Allotment and Position Data (Including Federal indirect costs) Total Federal Funds Applied For \$194,475			
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate (See attached budget sheets) Base \$151,609 Amount \$35,997 <input type="checkbox"/> No		16 Authorizations <input type="checkbox"/> Delegated Review Authorized Agency Representative (Type or Print) Darrill L. Bazzell Signature <i>Darrill L. Bazzell</i> Title if other than Agency Secretary Administrator/OPA Date 10-13-95		FOR DEPARTMENT OF ADMINISTRATION USE ONLY	
17 Reviewing Analyst <i>Russell Beaman</i> Phone <i>608-7329</i>		SAI Number <i>WF95/018-30</i>		7-N 12 113 114	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>10-18-95</i>			
Signature <i>Russell Beaman</i> Date <i>10/20/95</i>		Date Due <i>11-1-95</i>			
COMMENTS:					

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
10' East Wilson Street, Madison, Wisconsin



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

November 6, 1995

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

FY96 Consolidated Pesticide Compliance
Monitoring Cooperative Agreement, State
Application Identifier Number WI950929-280-N66700XX

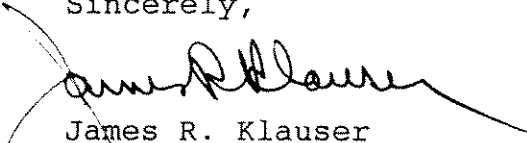
Dear Secretary Tracy:

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

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

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

Sincerely,


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

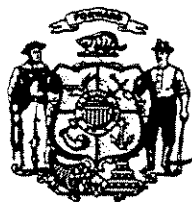
Draft

1 Applicant Agency <u>WI Dept. of Agriculture, Trade & Consumer protection</u>		2 CFDA # <u>66-700</u>		3 Agency I.D. (Optional)																																																																
4 Address (Street/City/State/Zip) <u>2811 Agriculture Drive, P.O. Box 8911 Madison, WI 53708-8911</u> Contact Person <u>Ned Zuelsdorff</u> Phone <u>608/224-4550</u>		5 Federal Agency to Receive Request <u>US EPA Region 5</u>		7 Application Due Date Mo/Day/Year <u>07/31/95</u>																																																																
8 Agency Project Title <u>FY 1996 Consolidated Pesticide Cooperative Agreement</u>		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>REGIONAL PLANNING COMMISSIONS 9-25-95</u> <u>DOA 9-25-95</u> All		10 Area of Impact Counties/States <u>Statewide</u>																																																																
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input 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 _____		13 Number of Years Previously Funded <u>more than 10 years</u>																																																																
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$668,560</u>																																																																				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Numeric Appropriation</th> <th style="width: 15%;">Source</th> <th style="width: 15%;">Revenue Type</th> <th style="width: 15%;">Amount</th> <th style="width: 15%;">New Positions No. (FTE)</th> <th style="width: 15%;">Existing Positions No. (FTE)</th> <th style="width: 15%;">Type</th> </tr> </thead> <tbody> <tr> <td>F7 1F-</td> <td>Federal</td> <td>PR-F</td> <td>\$ 612,967</td> <td></td> <td>3.70</td> <td>Perm.</td> </tr> <tr> <td>F8 4K4</td> <td>Federal</td> <td>PR-F</td> <td>\$ 55,593</td> <td></td> <td></td> <td></td> </tr> <tr> <td>G7 Y7-</td> <td>State</td> <td>GPR</td> <td>\$</td> <td></td> <td>.05</td> <td>Perm.</td> </tr> <tr> <td>S7 15-</td> <td>State</td> <td>SEG</td> <td>\$</td> <td></td> <td>3.15</td> <td>Perm.</td> </tr> <tr> <td>S7 17-</td> <td>State</td> <td>SEG</td> <td>\$ 1,224,243</td> <td></td> <td>6.25</td> <td>Perm.</td> </tr> <tr> <td>S7 18-</td> <td>State</td> <td>SEG</td> <td>\$</td> <td></td> <td>.45</td> <td>Perm.</td> </tr> <tr> <td>S7 19-</td> <td>State</td> <td>SEG</td> <td>\$</td> <td></td> <td>9.75</td> <td>Perm.</td> </tr> <tr> <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)	Existing Positions No. (FTE)	Type	F7 1F-	Federal	PR-F	\$ 612,967		3.70	Perm.	F8 4K4	Federal	PR-F	\$ 55,593				G7 Y7-	State	GPR	\$.05	Perm.	S7 15-	State	SEG	\$		3.15	Perm.	S7 17-	State	SEG	\$ 1,224,243		6.25	Perm.	S7 18-	State	SEG	\$.45	Perm.	S7 19-	State	SEG	\$		9.75	Perm.				\$				need WI EO	
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)	Type																																																														
F7 1F-	Federal	PR-F	\$ 612,967		3.70	Perm.																																																														
F8 4K4	Federal	PR-F	\$ 55,593																																																																	
G7 Y7-	State	GPR	\$.05	Perm.																																																														
S7 15-	State	SEG	\$		3.15	Perm.																																																														
S7 17-	State	SEG	\$ 1,224,243		6.25	Perm.																																																														
S7 18-	State	SEG	\$.45	Perm.																																																														
S7 19-	State	SEG	\$		9.75	Perm.																																																														
			\$																																																																	
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>20.26%</u> Base <u>274,399</u> Amount <u>55,593</u> <input type="checkbox"/> No																																																																				
16 Authorizations <input type="checkbox"/> Delegated Review <input checked="" type="checkbox"/> <u>Discussion</u>		Authorized Agency Representative (Type or Print) <u>Elizabeth Kohl</u> Signature <u>E Kohl</u>		Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>9-22-95</u>																																																																
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																				
Reviewing Analyst <u>Sackg. Jagonheimer</u> Phone <u>6-7597</u>		SAI Number <u>WT 950929-280-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>		Date Due <u>10-12-95</u>																																																																
Signature <u>Russell Kammussen</u>		Date <u>10/4/95</u>		Date Due <u>10-12-95</u>																																																																
COMMENTS:																																																																				

Program

-N
66
700

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

November 14, 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 Program,
State Application Identifier
Number WI951016-293-N66001XX

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# 66.001		3 Agency I.D. (Optional) 368- 622																																																													
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Bob Belongia Phone 608/266-1058		5 Federal Agency to Receive Request U.S. EPA - Region V		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 Air Pollution Control Program Grant		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs WI</i> <i>ET</i>																																																													
10 Area of Impact Counties/States State of Wisconsin		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: Y 10/11/95 All																																																																	
14 Funding, Allotment and Position Data (Including Federal indirect costs) Total Federal Funds Applied For <u>\$3,591,024</u> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>241-22</td> <td>Federal</td> <td>PR-F</td> <td>\$2,788,444</td> <td></td> <td></td> <td>45.5</td> <td>Perm Project</td> </tr> <tr> <td>341-30</td> <td>Federal</td> <td>PR-F</td> <td>\$63,900</td> <td></td> <td></td> <td>1.0</td> <td>Perm</td> </tr> <tr> <td>341-32</td> <td>Federal</td> <td>PR-F</td> <td>\$106,100</td> <td></td> <td></td> <td>1.5</td> <td>Perm</td> </tr> <tr> <td>236-22</td> <td>State</td> <td>PRO</td> <td>\$1,972,296</td> <td></td> <td></td> <td>30.5</td> <td>Perm</td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$421,720</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$632,580</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	241-22	Federal	PR-F	\$2,788,444			45.5	Perm Project	341-30	Federal	PR-F	\$63,900			1.0	Perm	341-32	Federal	PR-F	\$106,100			1.5	Perm	236-22	State	PRO	\$1,972,296			30.5	Perm	801	State	GPR	\$421,720					846	Federal	PR-F	\$632,580				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions						Existing Positions																																																							
				No. (FTE)	Type	No. (FTE)	Type																																																										
241-22	Federal	PR-F	\$2,788,444			45.5	Perm Project																																																										
341-30	Federal	PR-F	\$63,900			1.0	Perm																																																										
341-32	Federal	PR-F	\$106,100			1.5	Perm																																																										
236-22	State	PRO	\$1,972,296			30.5	Perm																																																										
801	State	GPR	\$421,720																																																														
846	Federal	PR-F	\$632,580																																																														
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>2408</u> Base <u>\$4,378,321</u> Amount <u>\$1,054,300</u> <input type="checkbox"/> No																																																																	
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrel L. Bazzell Signature <i>Darrel L. Bazzell</i>		Title if other than Agency Secretary Administrator - OPA Date 10-11-95																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																	
Reviewing Analyst <u>Doug Percy</u>		Phone <u>6-6039</u>		SAI Number <u>WT951016-293-N</u>																																																													
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>10-16-95</u>		Date Due <u>10-30-95</u>																																																													
Signature <u>Doug Percy</u>		Date <u>10/17/95</u>		Date Due <u>10-30-95</u>																																																													
COMMENTS:																																																																	

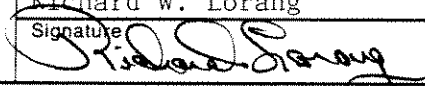
66
001

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

1 Applicant Agency <u>Wisconsin Department of Health and Social Services</u>	2 CFDA # <u>93 . 944</u>	3 Agency I.D. (Optional)					
4 Address (Street/City/State/Zip) <u>1 West Wilson Street, P.O. Box 309 Madison WI 53701-0309</u> Contact Person <u>James M. Vergeront, MD Phone 608/266-9853</u>	5 Federal Agency to Receive Request <u>Centers for Disease Control & Prevention</u>						
	6 Period of Funding Mo/Day/Year <u>01/01/96</u> <u>12/31/96</u>	7 Application Due Date Mo/Day/Year <u>09/20/95</u>					
8 Agency Project Title <u>HIV/AIDS Surveillance & Seroprevalence</u>	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> _____ All						
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Cooperative</u>	10 Area of Impact Counties/States <u>Statewide</u>					
13 Number of Years Previously Funded <u>Agreement</u>							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$894,550</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>149</u>	<u>Federal</u>	<u>PRF</u>	<u>\$ 894,550</u>	<u>0</u>		<u>5.2</u>	<u>Perm</u>
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>13.2%</u> Base <u>\$213,860</u> Amount <u>\$28,229</u> <input type="checkbox"/> No							
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u> Signature 	Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>8-31-95</u>				

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Sue Jablonsky</u>	Phone <u>795416</u>	SAI Number <u>W195-0907-267 N93 944</u>
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>9-7-95</u>	Date Due <u>9-18-95 Del.</u>
Signature _____	Date _____	Date Due _____

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

November 28, 1995

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

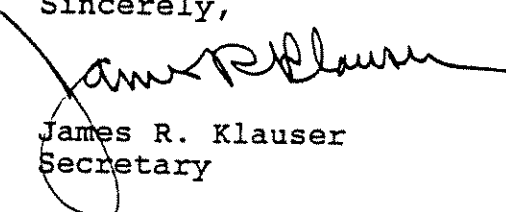
Child Advocacy Center Training Grant,
State Application Identifier
Number WI951117-315-N00000XX

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

1 Applicant Agency DHSS, Division of Voc. Rehab.	2 CFDA # <u>84 • 169A</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P. O. Box 7852 Madison, WI 53707-7852 Contact Person Duane R. Zimdars Phone 266-1134	5 Federal Agency to Receive Request Dept. of Education, RSA, Region V	
	6 Period of Funding Mo/Day/Year FFY 96-98	7 Application Due Date Mo/Day/Year July 1, 1995
8 Agency Project Title <u>Independent Living (Title VII) State Plan</u>	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ <u>no list</u> _____ <u>EO</u> _____ All	
11 Type of Application <input checked="" type="checkbox"/> New Grant Plan <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 _____	10 Area of Impact Counties/States <u>Statewide</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>N/A</u>				Amounts listed below are estimates based on actual FFY 1994			
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
540/832	Federal	PR-F	\$ 283,800			1.5	Perm
501/505	State	GPR	\$ 25,200				
	Local		\$ 5,690				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

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

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Britchen Fossum Phone 622-88 SAI Number WI950917-204-N84
 Recommendation: Approve Approve With Conditions Deny Date Received 7-17-95
 Signature: Britchen A. Fossum Date 11/30/95 Date Due 9-21-95 169
 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

November 30, 1995

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

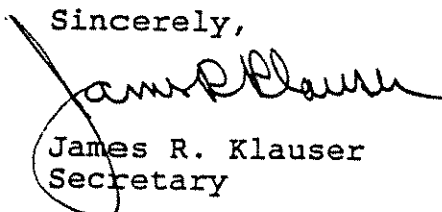
Nonpoint Source Implementation
(Section 319), State Application
Identifier Number WI951113-311-N66460XX

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

1 Applicant Agency Department of Natural Resources			2 CFDA# 66.459 ⁶⁰		3 Agency I.D. (Optional) 645																																																																	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Ed Boebel Phone 608/266-9252			5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																			
			6 Period of Funding Mo/Day/Year 10/01/95 09/30/97		7 Application Due Date Mo/Day/Year 10/01/95																																																																	
8 Agency Project Title <u>Nonpoint Source Implementation - Section 319</u>			9 Executive Order 12372 Review Required <input checked="" 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 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: 6			11/3/95 AIE																																																																			
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																						
Total Federal Funds Applied For <u>\$3,051,052</u>																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Numeric Appropriation</th> <th style="text-align: center;">Source</th> <th style="text-align: center;">Revenue Type</th> <th style="text-align: center;">Amount</th> <th style="text-align: center;">New Positions No. (FTE)</th> <th style="text-align: center;">Type</th> <th style="text-align: center;">Existing Positions No. (FTE)</th> <th style="text-align: center;">Type</th> </tr> </thead> <tbody> <tr> <td>241/445</td> <td>Federal</td> <td>PR-F</td> <td>\$2,558,672</td> <td></td> <td></td> <td>15</td> <td>Perm.</td> </tr> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$</td> <td></td> <td></td> <td>11</td> <td>Proj.</td> </tr> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$</td> <td>.5</td> <td>Perm.</td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$139,624</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>411</td> <td>State</td> <td>GPR</td> <td>\$3,051,052</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$139,624</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>727</td> <td>State-DATCP</td> <td>PR-S</td> <td>\$213,132</td> <td></td> <td></td> <td>3.0</td> <td>Proj.</td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	241/445	Federal	PR-F	\$2,558,672			15	Perm.	241	Federal	PR-F	\$			11	Proj.	241	Federal	PR-F	\$.5	Perm.			846	Federal	PR-F	\$139,624					411	State	GPR	\$3,051,052					801	State	GPR	\$139,624					727	State-DATCP	PR-S	\$213,132			3.0	Proj.			
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																															
241/445	Federal	PR-F	\$2,558,672			15	Perm.																																																															
241	Federal	PR-F	\$			11	Proj.																																																															
241	Federal	PR-F	\$.5	Perm.																																																																	
846	Federal	PR-F	\$139,624																																																																			
411	State	GPR	\$3,051,052																																																																			
801	State	GPR	\$139,624																																																																			
727	State-DATCP	PR-S	\$213,132			3.0	Proj.																																																															
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>24.08%</u> Base <u>\$1,159,672</u> Amount <u>\$279,248</u> <input type="checkbox"/> No																																																																						
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>			Title if other than Agency Secretary Administrator - OPA Date																																																																	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																						
Reviewing Analyst <i>Russ Rasmussen</i> Phone <u>6-7329</u>			SAI Number <u>WI95113-311</u> -N66																																																																			
Recommendation: <input checked="" type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received <u>11-13-95</u> 460																																																																			
Signature <i>Russ Rasmussen</i> Date <u>11/24/95</u>			Date Due <u>11-29-95</u> 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

December 1, 1995

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

Preventive Health Services-Sexually
Transmitted Diseases Program (Chlamydia
Supplement), State Application Identifier
Number WI951121-316-N93977XX

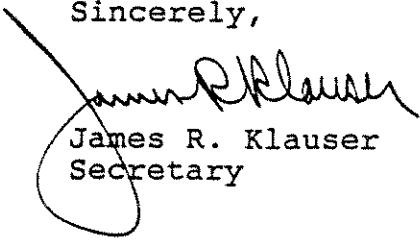
Dear Secretary Leean:

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

H-786-1

Department of Administration
DQA-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

Preventive Health Services

1 Applicant Agency <u>Health and Social Services</u>		2 CFDA # <u>93.977</u>	3 Agency I.D. (Optional) <u>030</u>
4 Address (Street/City/State/Zip) <u>1414 E. Washington Ave. Madison, WI 53703-3044</u> Contact Person <u>Jerald L. Young</u> Phone <u>266-5819</u>		5 Federal Agency to Receive Request <u>Centers for Disease Control and Prevention</u>	
8 Agency Project Title <u>Sexually Transmitted Disease Program (Chlamydia Supplement)</u>		6 Period of Funding Mo/Day/Year <u>1/1/96 - 12/31/96</u>	7 Application Due Date Mo/Day/Year <u>10/6/95</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	12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Coop-Agree</u>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified <u>No</u> Dates <u>WT</u> <u>EO</u>	
13 Number of Years Previously Funded <u>4</u>		10 Area of Impact Counties/States <u>Statewide</u>	

14 Funding, Allotment and Position Data (Including Federal indirect costs)							
Total Federal Funds Applied For <u>\$60,221</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>149</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 60,221</u>	<u>0</u>		0	<u>Perm</u>
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate N/A Base N/A Amount N/A No

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u> Signature <u>[Signature]</u>	Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>10-3-95</u>
---	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Gablonsky Phone 7-9546 SAI Number WI951121-316-N
 Recommendation: Approve Approve With Conditions Deny Date Received 11-21-95 93
 Signature [Signature] Date 11/30/95 Date Due 12-5-95 97r

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

November 30, 1995

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

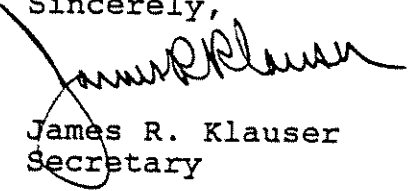
Crime Victim Compensation (Awards),
State Application Identifier
Number WI951115-314-N16576XX

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

Department of Administration
LJA-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

Crime Victims Compensation

<p>1 Applicant Agency Department of Justice</p> <p>4 Address (Street/City/State/Zip) 222 State Street, 3rd Floor Madison, WI 53703 Carol Latham Phone (608) 266-0109</p> <p>8 Agency Project Title Awards for Victims of Crime</p> <p>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified </p>	<p>2 CFDA # 16.576</p> <p>3 Agency I.D. (Optional)</p> <p>5 Federal Agency to Receive Request US Department of Justice</p> <p>6 Period of Funding Mo/Day/Year 10/01/95 09/30/97</p> <p>7 Application Due Date Mo/Day/Year</p> <p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no Fed EO</i> </p> <p>10 Area of Impact Counties/States Statewide</p>
<p>12 Type of Assistance <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____ </p>	
<p>13 Number of Years Previously Funded 10</p>	

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
541	Federal	PR-F	\$ 695,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) James E. Doyle	Title if other than Agency Secretary Attorney General
Signature <i>James E. Doyle</i>	Date 11/8/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Dina Frank-Rocco* Phone **6-8270** SAI Number **WI951115-314-1**

Recommendation: Approve Approve With Conditions Deny

Signature *Michael Heister* Date **11-24-95** Date Received **11-15-95 16** Date Due **11-29-95 576**

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

November 30, 1995

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

Centers for Disease Control and
Prevention-Investigations and Technical
Assistance (Asthma Intervention Program),
State Application Identifier Number
WI950728-225-N93283YY

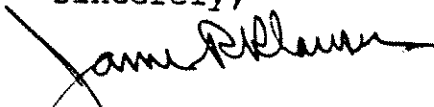
Dear Secretary Leean:

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

H-772-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration
Form DCA-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

Investigations & Tech. Assd,
Centers for Disease Control & Prevention

<input checked="" type="checkbox"/> 1 Applicant Agency DHSS-Wisconsin Division of Health	<input type="checkbox"/> 2 CFDA # <u>9.3.2.8.3</u>	<input checked="" type="checkbox"/> 3 Agency LCL (Optional)
---	--	---

4 Address (Street/City/State/Zip) 1414 E Washington Avenue, Room 96 Madison WI 53703-3044 Contact Person Jay Goldring, PhD Phone 266-7480	5 Federal Agency to Receive Request Centers for Disease Control & Prevention
	6 Period of Funding Mo/Day/Year <u>10/01/95</u> <u>09/30/96</u>

8 Agency Project Title Asthma Intervention Program	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified <u>no</u> <u>WT</u> <u>ED</u> <u>All</u>	10 Area of Impact Counties/States Milwaukee, WI
---	---	---

11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____
---	--

13 Number of Years Previously Funded 0

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$103,870

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 103,870	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <u>Richard W. Lorang</u>	Title if other than Agency Secretary Deputy Secretary Date <u>7-17-95</u>
--	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Dee Jablonsky Phone 7-9546 SAI Number WI 950728-285-1

Recommendation: Approve Approve With Conditions Deny Date Received 7-28-95 93

Signature S. J. Jablonsky Date 11/29/95 Date Due 8-1-95 285

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

November 30, 1995

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

Special Supplemental Food Program for
Women, Infants and Children (USDA Nutrition
Education Cooperative Agreement), State
Application Identifier Number WI950818-236-N10557XX

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

7-2704 wait
H-775-1

*For Women, Infants & Children
Social Supplemental Food Program*

1 Applicant Agency DHSS/DOH/BPH		2 CFDA # <u>10-557</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) PO Box 309 Madison WI 53701 Contact Person Patti Herrick Phone 266-3821		5 Federal Agency to Receive Request USDA - Food and Consumer Services		7 Application Due Date Mo/Day/Year <u>8/4/95</u>	
8 Agency Project Title USDA Nutrition Education Cooperative Agreement		6 Period of Funding Mo/Day/Year <u>10/1/95 to 3/31/97</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO W I E T</u> All	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States State _____	
13 Number of Years Previously Funded _____		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$100,000</u>			
Numeric Appropriation		Revenue Type		New Positions No. (FTE) Type	
Source		Amount		Existing Positions No. (FTE) Type	
148	Federal	PR-F	\$ 100,000	None	None
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate <u>13.2%</u> Base _____ Amount _____ <input checked="" type="checkbox"/> No					
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>Richard W Torang</u> Signature <u>[Signature]</u>		Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>8/3/95</u>	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <u>Aue Jablonsky</u> Phone <u>7-9546</u>		SAI Number <u>WI950868-2</u>		Date Received <u>8-18-95</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>S. Jablonsky</u> Date <u>4/29/95</u>		Date Due <u>9-1-95</u>	

Blo-
N
id