

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_pt84

➤ Record of Comm. Proceedings ... RCP

➤ **

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

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

December 1, 1995

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

Adoption Opportunities (Preparing
Prospective Adoptive Parents to Adopt
Children in Foster Care), State Application
Identifier Number WI950717-207-N93652XX

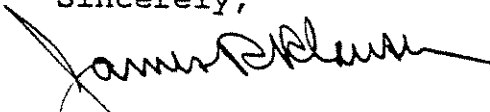
Dear Secretary Leean:

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

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

Adoption Opportunities

1 Applicant Agency: Department of Health & Social Services

2 CFDA # 9 3 6 5 2

4 Address (Street/City/State/Zip): 1 West Wilson Street, P.O. Box 7850, Madison, WI 53707-7850
Contact Person: Karen Oghalai, Phone 266-0690

5 Federal Agency to Receive Request: DH&HS/ACF/Admin. for Children, Youth & Fam.

6 Period of Funding Mo/Day/Year: 10/1/95 to 9/30/96

7 Application Due Date Mo/Day/Year: 6/9/95

8 Agency Project Title: Preparing Prospective Adoptive Parents to Adopt Children in Foster Care

9 Executive Order 12372 Review Required: No

10 Area of Impact Counties/States: Statewide

11 Type of Application: New Grant

12 Type of Assistance: Discretionary

13 Number of Years Previously Funded: -0-

14 Funding, Allotment and Position Data (including Federal indirect costs) \$99,677

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
657	Federal	PRF	\$9,677	0.5	Project		
601 270	State	GPR	\$10,156				
IN KIND	Local		\$3,275				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement: Yes Rate 4.6% Base 26,586 Amount \$1,223 No

16 Authorizations: Authorized Agency Representative (Type or Print) Richard W. Lorang
Signature: *Richard W. Lorang* Title if other than Agency Secretary Acting Secretary
Date: 6-8-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Dritchen Foss* Phone: *6-2288* SAI Number: *WI95017-207-N*

Recommendation: Approve Approve With Conditions Deny Date Received: *7-17-95* 93

Signature: *Fantchen A. Larsson* Date: *11/30/95* Date Due: *7-31-95* 652

COMMENTS: *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

December 1, 1995

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

Tuberculosis Disease Control,
State Application Identifier
Number WI951108-309-N93116XX

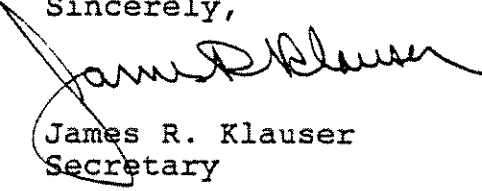
Dear Secretary Llean:

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

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

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

Sincerely,


James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

4-787-1

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

DOH/OMP

1 Applicant Agency: DHSS Division of Health

2 CFDA # 93.116

3 Agency I.D. (Optional)

4 Address (Street/City/State/Zip): 1414 E Washington Ave, Madison WI 53703
Contact Person: Kenneth Baldwin
Phone: 608-266-1251

5 General Agency to Receive Request

6 Period of Funding Mo/Day/Year: 1/1/96 to 12/31/96

7 Application Due Date Mo/Day/Year: 10/6/95

8 Agency Project Title: Tuberculosis Disease Control

9 Executive Order 12372 Review Required: Yes No

10 Area of Impact: Statewide

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

12 Type of Assistance: Grant, Formula, Discretionary, Other Co-Op Agreement

13 Number of Years Previously Funded: More than 5

14 Funding, Allotment and Position Data (including Federal indirect costs):
Total Federal Funds Applied For: 264,590

Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PRF	\$ 264,590	1.0	perm.	1.5	Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement: Yes Rate 13.2 Base 94,137 Amount 12,426 No

16 Authorizations: Delegated Review
Authorized Agency Representative (Type or Print): Richard W. Lorang
Signature: [Signature] Title if other than Agency Secretary: Deputy Secretary
Date: 10-4-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Sue Jablonsky Phone: 7-9546 SAI Number: WI95108-309-N95
Recommendation: Approve Approve With Conditions Deny Date Received: 11-8-95 116
Signature: S. Jablonsky Date: 11/30/95 Date Due: 11-22-95 XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-782-1

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

Federal-State Relations Office
101 S. Webster St., 6th Floor
P.O. Box 7368
Madison, WI 53707-7868
Telephone 608/267-2125

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>L7-504</u>	
4 Address (Street/City/State/Zip) Section of Occupational Health 1414 E. Washington Ave., Rm. 112 Madison, WI 53703 Contact Person Terry E. Moen, Chief Phone 608-266-8579		3 Agency I.D. (Optional) 5 Federal Agency to Receive Request <i>JPL</i>	
		6 Period of Funding Mo/Day/Year <u>10-01-95</u> <u>09-30-96</u>	7 Application Due Date Mo/Day/Year
8 Agency Project Title <u>(Osha) Consultation Agreements</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO</u>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		10 Area of Impact Counties/States <u>All Counties</u> <u>Statewide</u>	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Contract</u>			
13 Number of Years Previously Funded <u>20 years</u>			

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

Total Federal Funds Applied For \$753,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 688,000			10.3	Perm.
101	State Match	GPR	\$ 75,333			1.2	Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review <i>Yes</i>	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>9-21-95</u>
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 7-9546 SAI Number WI950929-281-V

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

Signature _____ Date _____ Date Due 10-18-95

COMMENTS:
No review needed - continuing unchanged

504
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

14-786-1

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

Preventive Health Services

1 Applicant Agency <i>Health and Social Services</i>		2 CFDA # <i>93.977</i>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) <i>1414 E. Washington Ave. Madison, WI 53703-3044</i>		5 Federal Agency to Receive Request <i>Centers for Disease Control and Prevention</i>		7 Application Due Date <i>10/6/95</i>	
Contact Person <i>Jerald L. Young</i> Phone <i>266-5819</i>		6 Period of Funding Mo/Day/Year <i>1/1/96 - 12/31/96</i>			
8 Agency Project Title <i>Sexually Transmitted Disease Program</i>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10 Area of Impact Counties/States <i>Statewide</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 type="checkbox"/> Discretionary Other <i>Co op-agree</i>		Clearinghouses: Notified Dates <i>no WI</i> <i>EO</i>	
13 Number of Years Previously Funded <i>20</i>		All			

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

Total Federal Funds Applied For *\$634,332*

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<i>149</i>	<i>Federal</i>	<i>PR - F</i>	<i>\$ 634,332</i>			<i>8.55 FTE</i>	<i>Perm</i>
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate *13.2* Base *307,910* Amount *\$40,644* No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) <i>Richard W. Lorang</i>	Title if other than Agency Secretary <i>Deputy Secretary</i>
Signature <i>Richard W. Lorang</i>	Date <i>10-3-95</i>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Dee Jablonsky* Phone *7-9546* SAI Number *WI951108-308*

Recommendation: Approve Approve With Conditions Deny Date Received *11-8-95*

Signature _____ Date _____ Date Due *Dee*

COMMENTS:

DEPT OF ADMINISTRATION

NOV 8 1995

DIVISION OF ENERGY AND INTERGOVERNMENTAL RELATIONS

Comments Continued on Reverse or on a Separate Sheet

N93
927
XX

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>283-95-0005</u>		3 Agency I.D. (Optional)																																																																																	
4 Address (Street/City/State/Zip) 1 W Wilson P.O. Box 7851 Madison WI 53707 Contact Person Mike Quirke Phone 266-7584				5 Federal Agency to Receive Request Substance Abuse & Mental Hlth Serv Admin																																																																																			
6 Period of Funding Mo/Day/Year 9/30/95-9/29/96				7 Application Due Date Mo/Day/Year <u>7/3/95</u>																																																																																			
8 Agency Project Title Drug Abuse Services Information System				9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No CFDA#</u>		10 Area of Impact Counties/Stater Statewide																																																																																	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other <u>Cost Reimburs</u>		13 Number of Years Previously Funded All																																																																																			
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>First Year \$72,149</u>																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Appropriation</th> <th style="width: 10%;">Source</th> <th style="width: 10%;">Revenue Type</th> <th style="width: 10%;">Amount</th> <th style="width: 10%;">New Positions No. (FTE)</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Existing Positions No. (FTE)</th> <th style="width: 10%;">Type</th> </tr> </thead> <tbody> <tr> <td>641</td> <td>FED</td> <td>PR-F</td> <td>\$ 72,149</td> <td></td> <td></td> <td>1.61</td> <td>Proj</td> </tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>								Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	641	FED	PR-F	\$ 72,149			1.61	Proj				\$								\$								\$								\$								\$								\$								\$								\$				
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																																																
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>4.6%</u> salaries Base <u>\$40,100</u> Amount <u>\$1850</u> <input type="checkbox"/> No																																																																																							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard Lorang Signature <u>Richard Lorang</u>			Title if other than Agency Secretary Acting Secretary Date 7/2/95																																																																																		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																							
Reviewing Analyst <u>Bretchen Fossum</u> Phone <u>6-2888</u>				SAI Number <u>WI95017-210-N</u>																																																																																			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <u>7-17-95</u>																																																																																			
Signature <u>Bretchen A. Fossum</u> Date <u>7/30/95</u>				Date Due <u>7-31-95</u>																																																																																			
COMMENTS: <u>See [unclear] xx</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

December 8, 1995

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

Special Education-Personnel Development
and Parent Training (Systematic Professional
Interactions for Correctional Educators),
State Application Identifier Number WI951208-324-N84029XX

Dear Secretary Sullivan:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

Special Education - Personnel Dev. & Parent Training

1 Applicant Agency Wisconsin Department of Corrections		2 CFDA # 84.029K	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 149 East Wilson Street, P.O. Box 7925 Madison, WI 53707-7925		5 Federal Agency to Receive Request Office of Special U.S. Dept. of Education/Education	
Contact Person Elaine Granke (608)- Phone 266-7967		6 Period of Funding Mo/Day/Year 10/01/95- 09/30/98	7 Application Due Date Mo/Day/Year 12/08/95
8 Agency Project Title Systematic Professional Interactions for Correctional Educators (SPICE)		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No WFE</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 State of Wisconsin (With dissemination of information to other agencies and states)	
13 Number of Years Previously Funded <u>none (0)</u>			

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

Total Federal Funds Applied For \$630,955.00

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
167	Fed	PR-F	\$ 630,955.00	1.0	Proj.		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Michael J. Sullivan	Title if other than Agency Secretary
Signature <i>Michael J. Sullivan</i>	Date December 4, 1995

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst ROGER FETTERLY Phone 266-2213 SAI Number 11951208-324-N

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

Signature Roger Fetterly Date 12/8/95 Date Due 12/8/95

84
029

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 19, 1995

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

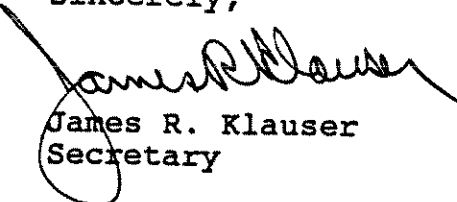
DNA Improvement Project,
State Application Identifier
Number WI951207-322-N00000XX

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

Department of Administration
DC-7020(R12/92)

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

1 Applicant Agency Wisconsin Department of Justice		2 CFDA # _____		3 Agency I.D. (Optional)																																																																																																				
4 Address (Street/City/State/Zip) P.O. Box 7857, Madison, WI 53707-7857 Contact Person Michael A. Roberts (608) 266-7052		5 Federal Agency to Receive Request National Institute of Justice																																																																																																						
		6 Period of Funding Mo/Day/Year 1/1/96 through 12/31/97		7 Application Due Date Mo/Day/Year November 30, 1995																																																																																																				
8 Agency Project Title DNA Improvement Project		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No CFDA#</i>		10 Area of Impact Counties/States Statewide																																																																																																				
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____																																																																																																						
13 Number of Years Previously Funded _____		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$737,950</u>																																																																																																						
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Numeric Appropriation</th> <th>Source</th> <th>Revenue Type</th> <th>Amount</th> <th colspan="2">New Positions No. (FTE) Type</th> <th colspan="2">Existing Positions No. (FTE) Type</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">241</td> <td></td> <td style="text-align: center;">FED</td> <td style="text-align: center;">PR-F</td> <td style="text-align: right;">\$ 737,950</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">0</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Numeric Appropriation		Source	Revenue Type	Amount	New Positions No. (FTE) Type		Existing Positions No. (FTE) Type		241		FED	PR-F	\$ 737,950	0		0						\$									\$									\$									\$									\$									\$									\$									\$									\$				
Numeric Appropriation		Source	Revenue Type	Amount	New Positions No. (FTE) Type		Existing Positions No. (FTE) Type																																																																																																	
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																																																								
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) James E. Doyle Signature <i>James E. Doyle</i>		Title if other than Agency Secretary Attorney General Date November 28, 1995																																																																																																				
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																																								
Reviewing Analyst <i>Dina Frank-Reece</i>		Phone <i>6-82-70</i>		SAI Number <i>WI951207-322-N</i>																																																																																																				
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>12-7-95</i>		000																																																																																																				
Signature <i>Michael Hoff</i>		Date <i>12-11-95</i>		Date Due <i>12-21-95</i>																																																																																																				
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STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
101 East Wilson Street, Madison, Wisconsin



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

December 20, 1995

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

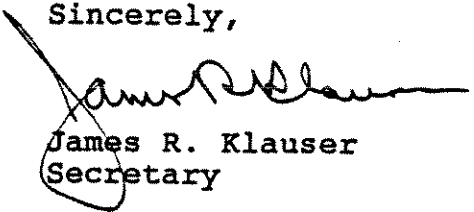
Promotion of the Humanities-(Program
for Secondary Level Teachers on the
US Constitution), State Application
Identifier Number WI951218-331-N45127XX

Dear Dr. Muller:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Promotion of Humanities

1 Applicant Agency State Historical Society of Wisconsin	2 CFDA # <u>45.127</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 816 State Street Madison, WI 53706 Contact Person Matthew T. Blessing Phone <u>608/264-6578</u>	5 Federal Agency to Receive Request National Endowment for the Humanities	
8 Agency Project Title Program for Secondary-Level Teachers on the U.S. Constitution	6 Period of Funding Mo/Day/Year <u>4/1/1997</u> <u>3/1/1998</u>	7 Application Due Date Mo/Day/Year <u>1/15/96</u>
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>WJed</u> <u>EO</u> All
10 Area of Impact Counties/States Statewide		
13 Number of Years Previously Funded <u>0</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>24,931</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
101	State	GPR	\$ 8,203			0.15	Perm
141	Federal	PR-F	\$ 24,931				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 10.83% Base \$22,495 Amount \$2,436 No

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Robert B. Thomsgard Signature <i>Robert Thomsgard</i>	Title if other than Agency Secretary Associate Director Date <u>12/13/95</u>
---	--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Orlando Carata</u> Phone <u>6-6603</u>	SAI Number <u>WI951218-331-N</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>12-18-95</u>	<u>45</u>
Signature <i>[Signature]</i> Date <u>12/20/95</u>	Date Due <u>12-29-95</u>	<u>127</u>

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

Unemployment Insurance

1	Applicant Agency Dept. of Industry, Labor & Human Relations	2	CFDA # 1 7 . 2 2 5	3	Agency I.D. (Optional) SBR 1-96	
4	Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Bill Weber Phone 266-8220	5	Federal Agency to Receive Request U. S. Dept. of Labor			
6	Period of Funding Mo/Day/Year 12\1\95 12\31\96	7	Application Due Date Mo/Day/Year 12\20\95			
8	Agency Project Title FY 1996 Voluntary Withholding Option Start-Up Funding	9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no fed</i> <i>EU</i>		10	Area of Impact Counties/States Statewide
11	Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12	Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other			
13	Number of Years Previously Funded None		All			
14	Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For 107,122					
	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE) Type	Existing Positions No. (FTE) Type
	151	Federal	PR-F	\$ 106,917		2.1 Perm.
	153	Indirect	PR-F	\$ 205		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
15	Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .0075 Base 27,436 Amount 205 <input checked="" type="checkbox"/> No					
16	Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Bill Weber Signature <i>Bill Weber</i>		Title if other than Agency Secretary Budget Analyst Date 12/20/95		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY						
Reviewing Analyst	<i>Orlando Canto</i>		Phone	<i>6-1103</i>		
Recommendation:	<input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		SAI Number	<i>WF951227-339</i>		
Signature	Date		Date Received	<i>12-27-95</i>		
COMMENTS:			Date Due	<i>Dec.</i>		

17
22
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

December 19, 1995

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

Outdoor Recreation-Acquisition, Development
and Planning (1996-2001 SCORP), State
Application Identifier Number WI951012-290-N15916XX

Dear Mr. Bazzell:

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

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

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

Sincerely,

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

James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

DEV. & Planning
Outdoor Recreation - Acquisition

1 Applicant Agency Department of Natural Resources			2 <u>10</u> CFDA# 15.916		3 Agency I.D. (Optional) <u>631</u>		
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Alan Czeshinski Phone 608/266-0160			5 Federal Agency to Receive Request National Park Service				
			6 Period of Funding Mo/Day/Year 11/01/95 10/31/96		7 Application Due Date Mo/Day/Year 10/23/95		
8 Agency Project Title 1996-2001 SCORP			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs</i> <i>WTFED</i>		10 Area of Impact Counties/States Statewide		
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:					
13 Number of Years previously funded: None			X <u>10/9/95</u> All				
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$84,405</u>							
Numeric Appropriation				New Positions		Existing Positions	
Source		Revenue Type		Amount		No. (FTE) Type	
581 Federal		PR-F		\$75,000		1.00 Proj.	
882 Federal		SEG-F		\$9,405			
561 State		SEG		\$32,356			
601 State		GPR		\$40,828			
161 State		SEG		\$9,624			
555 State		SEG		\$1,597			
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>12.54%</u> Base <u>\$75,000</u> Amount <u>\$9,405</u> <input type="checkbox"/> No							
16 Authorizations		Authorized Agency Representative (Type or Print) Darrell L. Bazzell			Title if other than Agency Secretary Administrator - OPA		
<input type="checkbox"/> Delegated Review		Signature <i>Darrell Bazzell</i>			Date		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>Russ Bazzell</i>		Phone <i>608-266-0160</i>		SAI Number <i>608-266-0160</i>		<i>290-115-916</i>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>10-12-95</u>		Date Due <u>10-23-95</u>		<i>XX</i>	
Signature <i>Darrell Bazzell</i>		Date <u>12/14/95</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

January 2, 1996

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

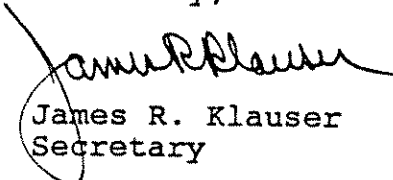
Environmental Education Grant
(Adopt A Wetland--Wetland Field Training
Component), State Application Identifier
Number WI951218-327-N66951XX

Dear Mr. Robinson:

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

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

Sincerely,


James R. Klauser
Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding 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

December 28, 1995

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

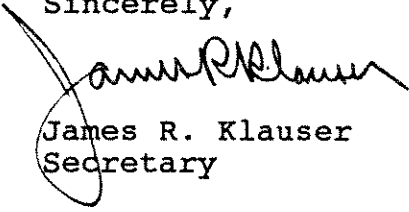
Wisconsin Clean Vessel Act
Implementation, State Application
Identifier Number WI951227-338-N15616XX

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

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 Natural Resources		2 CFDA # <u>15 • 616</u>	3 Agency I.D. (Optional) <u>651</u>
4 Address (Street/City/State/Zip) P.O. Box 7921 Madison, WI 53707 Contact Person Thomas J. Niebauer Phone 266-5893		5 Federal Agency to Receive Request U.S. Fish & Wildlife Service	
		6 Period of Funding Mo/Day/Year DOA <u>9/30/96</u>	7 Application Due Date Mo/Day/Year ASAP
8 Agency Project Title <u>Wisconsin Clean Vessel Act Implementation</u>		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO WT</u> <u>EO</u> <u>X</u> All <u>12-22-95</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>2</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>\$70,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	New Positions Type	Existing Positions No. (FTE)	Type
<u>581</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 69,346</u>				
<u>882</u>	<u>Indirect</u>	<u>PR-F</u>	<u>\$ 654</u>				
<u>561</u>	<u>State</u>	<u>Seg</u>	<u>\$ 3,833</u>			<u>.25</u>	<u>Perm.</u>
<u>-</u>	<u>Local</u>	<u>-</u>	<u>\$ 19,500</u>				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement Based on a negotiated rate.
 Yes Rate 24.11 Base _____ Amount \$654 No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Darrell Bazzell, Admin.</u>	Title if other than Agency Secretary <u>Office of Plng. & Analysis</u>
	Signature <u>Darrell Bazzell</u>	Date <u>12-19-95</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Russel Rasmussen Phone 608-7329 SAI Number WT 951227-338-N

Recommendation: Approve Approve With Conditions Deny Date Received 12-27-95

Signature Russel Rasmussen Date 12-27-95 Date Due 12-27-95

15
616
X

COMMENTS:

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

December 28, 1995

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

Public Transportation for Nonurbanized
Areas, State Application Identifier
Number WI951222-337-N20509XX

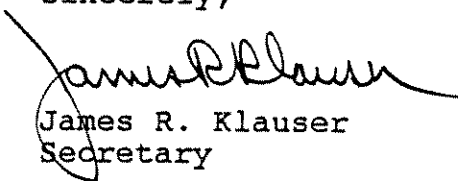
Dear Secretary Thompson:

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

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Department of Transportation		2 CFDA # 20 • 509	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 4802 Sheboygan Ave., P.O. Box 7914 Madison, WI 53707-7914 Contact Person Donald M. Chatfield Phone (608)266-3973		5 Federal Agency to Receive Request Federal Transit Administration	
		6 Period of Funding Mo/Day/Year 01/01/96 12/31/96	7 Application Due Date Mo/Day/Year 12/31/95
8 Agency Project Title Public Transportation For Nonurbanized Areas		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates Applicable Various _____ <i>None</i> _____ _____ <i>WI</i> _____ _____ <i>EO</i> _____	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded 17		10 Area of Impact Counties/States Statewide	
14 Funding, Allotment and Position Data (including Federal indirect costs)			

Total Federal Funds Applied For _____								
Numeric Appropriation		Source	Revenue Type	Amount	New Positions No. (FTE) Type		Existing Positions No. (FTE) Type	
182		Federal		\$3,943,627	0		2	Perm.
165		State	Match	\$4,258,800				
		Local	Match	\$2,355,681				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				

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

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) John H. Evans	Title if other than Agency Secretary Division Administrator
Signature <i>John Evans</i>	Date 12/21/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Doug Percy Phone 6-1039 SAI Number WI951222-33

Recommendation: Approve Approve With Conditions Deny Date Received 12-22-95

Signature Doug Percy Date 12/27/95 Date Due 12/31/95

COMMENTS:
See attached.

7-N
20
509
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

January 3, 1996

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

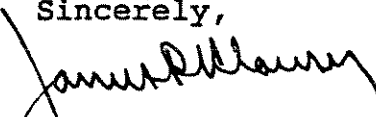
Crime Victim Assistance,
State Application Identifier
Number WI951218-332-N16575XX

Dear Attorney General Doyle:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Department of Justice				2 CFDA # <u>16-575</u>		3 Agency I.D. (Optional)																																																																									
4 Address (Street/City/State/Zip) P.O. Box 7951 Madison, WI 53707 Contact Person Steve Derene Phone (608)267-2251				5 Federal Agency to Receive Request U.S. Department of Justice		7 Application Due Date Mo/Day/Year 12/31/95																																																																									
8 Agency Project Title Crime Victims Assistance				6 Period of Funding Mo/Day/Year 10/1/95 9/30/97		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Noted</i> <i>ET</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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Statewide																																																																											
13 Number of Years Previously Funded _____				14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$2,492,000																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Numeric Appropriation</th> <th style="width: 15%;">Source</th> <th style="width: 15%;">Revenue Type</th> <th style="width: 15%;">Amount</th> <th style="width: 15%;">New Positions No. (FTE)</th> <th style="width: 15%;">Existing Positions No. (FTE)</th> </tr> </thead> <tbody> <tr> <td>542</td> <td>Federal</td> <td>PR-F</td> <td>\$2,492,000</td> <td>0</td> <td>0</td> </tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td></tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)	542	Federal	PR-F	\$2,492,000	0	0				\$						\$						\$						\$						\$						\$						\$						\$						\$						\$						
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No																																																																															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) James E. Doyle Signature <i>James E. Doyle</i>			Title if other than Agency Secretary Attorney General Date 12/11/95																																																																										

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Cina Frank-Reece Phone 6-8270 SAI Number WI951218-330-N
 Recommendation: Approve Approve With Conditions Deny Date Received 12-18-95
 Signature *Cina Frank-Reece* Date 12-29-95 Date Due 12-29-95
 COMMENTS: _____

16
575
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

January 5, 1996

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

Comprehensive Community Mental Health
Services (Child Mental Health Services
Initiative), State Application
Identifier Number WI951220-334-N93104YY

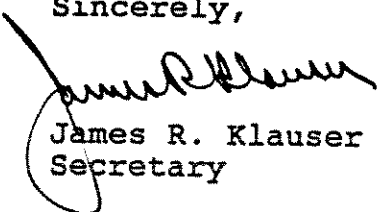
Dear Secretary Leean:

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

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

Health Services
Comprehensive Community Mental

1 Applicant Agency Dept of Health & Social Svcs.		2 CFDA # <u>93 .104</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson Street Madison WI 53703		5 Federal Agency to Receive Request SAMHSA: Ctr for Mental Health Svcs	
Contact Person Eleanor McLean Phone 266-6838		6 Period of Funding Mo/Day/Year 7/1/96 1/31/97	7 Application Due Date Mo/Day/Year 12/15/95
8 Agency Project Title Child Mental Health Svcs Initiative		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WI EO	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded TWO		10 Area of Impact Counties/States Milwaukee	

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

Total Federal Funds Applied For \$3,000,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<u>641/741</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 3,000,000</u>			<u>3.5</u>	<u>Proj</u>
<u>730</u>	<u>State</u>	<u>GPR</u>	<u>\$ 631,600</u>				
<u>Match</u>	<u>Local</u>	<u>In-Kind</u>	<u>\$ 393,099</u>				
<u>Other</u>	<u>Local</u>	<u>In-Kind</u>	<u>\$ 550,000</u>				
			<u>\$</u>				
	<u>State</u>	<u>In-Kind</u>	<u>\$ 38,020</u>				
			<u>\$</u>				
			<u>\$</u>				

15 Indirect Cost Reimbursement
 Yes Rate 5% Base 109,369 Amount 5,468.00 No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature <i>Richard Lorang</i>	Date 12-14-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Cretchen Fossum Phone 622-8888 SAI Number WI951200-334-

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

Signature *Cretchen H. Fossum* Date 1/3/96 Date Due 1-3-96

COMMENTS:

334-N-93-104

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

January 3, 1996

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

Head Start (Collaboration Project),
State Application Identifier
Number WI951113-313-N93600XX

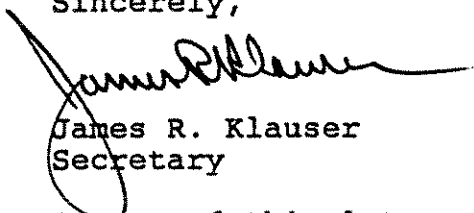
Dear Secretary Llean:

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

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.

9

1 Applicant Agency Dept. of Health & Social Services		2 CFDA # <u>Y3.600</u>																																																																																													
4 Address (Street/City/State/Zip) Division of Economic Support 1 West Wilson St., Madison, WI Contact Person: <u>Jean Sheil</u> Phone <u>266-0613</u>		5 Federal Agency to Receive Request DH&HS; Admin. for Children & Families																																																																																													
8 Agency Project Title <u>Head Start Collaboration Project</u>		6 Period of Funding Mo/Day/Year <u>01/01/96</u> <u>12/31/2000</u>	7 Application Due Date Mo/Day/Year <u>11-3-95</u>																																																																																												
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouse: Notified <u>head</u> Date <u>WFE</u> All																																																																																													
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States <u>Statewide</u>																																																																																													
13 Number of Years Previously Funded <u>0</u>																																																																																															
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$750,000 (5 years)</u>																																																																																															
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>11.6%</u> Base <u>\$42,000</u> Amount <u>\$4,872</u> <input type="checkbox"/> No																																																																																															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u> Title if other than Agency Secretary Deputy Secretary Date <u>11-2-95</u>																																																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																															
Reviewing Analyst <u>Jennifer Sajna</u> Phone <u>6-8219</u>		SAI Number <u>WI951113-313</u>																																																																																													
Recommendation <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>11-13-95</u>																																																																																													
Signature <u>Jennifer Sajna</u> Date <u>11/4/95</u>		Date Due <u>11-27-95</u>																																																																																													
COMMENTS:																																																																																															

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

CORRESPONDENCE MEMORANDUM

DATE: September 14, 1995

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

FROM: Jeff Smith, Section Chief
Federal-State Relations Office
Department of Administration

RE: APPLICATIONS FOR FEDERAL ASSISTANCE

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

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

Attachments

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

August 30, 1995

Ms. Cheryl Gest
Administrative Officer
Research Administration-Financial
University of Wisconsin
750 University Avenue
440 AW Peterson Building
Madison, WI 53706-1490

Small Business Development Center,
State Application Identifier
Number WI950801-226-N59037XX

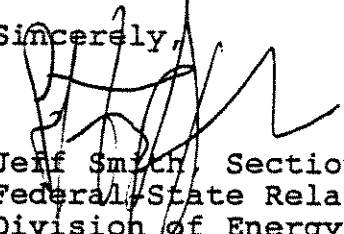
Dear Ms. Gest:

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

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

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

Sincerely,


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

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency UWS Board of Regents		2 CFDA # <u>5 9 . 0 3 7</u>	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) 750 University Avenue Madison, WI 53706 Contact Person Cheryl Gest Phone 262-4880		5 Federal Agency to Receive Request U.S. Small Business Administration					
8 Agency Project Title Small Business Development Center		6 Period of Funding Mo/Day/Year 1/01/95 12/31/95	7 Application Due Date Mo/Day/Year 7/31/95				
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates No do WI EO					
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States State of WI					
13 Number of Years Previously Funded _____							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,482,497</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
5-7770-0056	15 SBA		\$1,482,497			37.35	AS
			\$			21.81	CS
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>25%</u> Base <u>\$1,185,997</u> Amount <u>\$296,500</u> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Cheryl E. Gest Signature _____		Title if other than Agency Secretary Admin. Officer Date _____			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Marty Ollie - FST</u> Phone _____		SAI Number <u>WI 950801-2261159</u>		Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>8-1-95</u>	
Signature _____ Date _____		Date Due <u>FYI</u>		COMMENTS:			

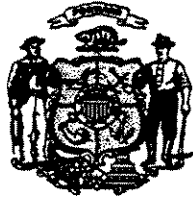
Handwritten notes:
 Ltr,
 Cages

Handwritten marks:
 037
 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 7868
Madison, WI 53707-7868

August 30, 1995

Mr. Robert W. Erickson, Director
Research Administration-Financial
UW-Madison
750 University Avenue
Madison, WI 53706-1490

Cooperative Forestry Assistance (InfoSource
Public Information Transfer System), State
Application Identifier Number WI950809-231-N10664XX

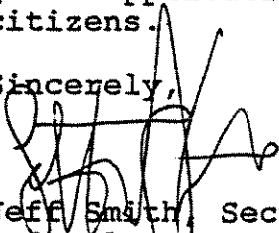
Dear Mr. Erickson:

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

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

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

Sincerely,


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

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

APPLICATION FOR FEDERAL ASSISTANCE

608 263 4435

AUG 03 '95 12:47PM UWEX ICSD

DATE SUBMITTED

Applicant Identifier

P.3/14

1. TYPE OF SUBMISSION:

Application
 Construction
 Non-Construction

Preapplication
 Construction
 Non-Construction

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

State Application Identifier
 WI 950809-23-N10

Federal Identifier
 664XX

5. APPLICANT INFORMATION

Legal Name: University of Wisconsin-Extension

Address (give city, county, state, and zip code):
 975 Observatory Drive
 Madison, WI 53706-1391

Organizational Unit: Instructional Communications Systems Str.

Name and telephone number of the person to be contacted on matters involving this application (give area code):
 Marcia Baird
 (608) 262-3465

Loagpd

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

3 9 - 6 0 0 6 4 9 2

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State
 B. County
 C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District

H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify):

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
 USDA Forest Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 6 6 4

TITLE: Cooperative Forestry Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 InfoSource Public Information Transfer System

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
 Statewide

13. PROPOSED PROJECT:

Start Date: Oct 1, 94
 Ending Date: Sep 30, 97

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 02
 b. Project: Statewide

15. ESTIMATED FUNDING:

a. Federal	\$	35,000	.00
b. Applicant	\$	5,000	.00
c. State	\$.00
d. Local	\$	30,000	.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	70,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: needs WI
 DATE: _____

b. NO. PROGRAM IS NOT COVERED BY E.O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW ED

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative: Robert W. Erickson

d. Signature of Authorized Representative

b. Title: Director of Research/Financial

c. Telephone number: 608-262-3822

e. Date Signed

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

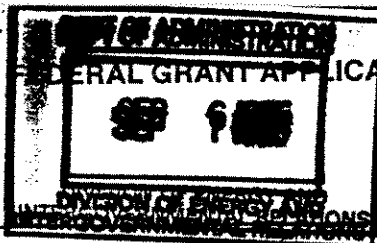
Department of Administration
DOA-7020(R12/92)

606
Federal-State Relations Office
101 E. Wilson Street, 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

1 Applicant Agency Department of Health & Social Services			2 CFDA # _____		3 Agency I.D. (Optional)																																																																																																	
4 Address (Street/City/State/Zip) P.O. Box 7850 Madison WI 53707-7850 Contact Person (608) Damien Wilson Phone 266-9330			5 Federal Agency to Receive Request Center for Mental Health Services		7 Application Due Date Mo/Day/Year 10/1/95																																																																																																	
8 Agency Project Title Community Mental Health Services Block Grant Application			6 Period of Funding Mo/Day/Year to 9/30/96		7 Application Due Date Mo/Day/Year 9/1/95																																																																																																	
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		Signature <i>Richard W. Lorang</i>		Date 8-22-95																																																																																																		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																																						
Reviewing Analyst <i>Dorenda Fossam</i> Phone <i>6-22-88</i>			SAI Number <i>WI 950828-247-N00</i>																																																																																																			
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received <i>8-28-95</i> <i>000</i>																																																																																																			
Signature <i>M. DeB for GAF</i> Date <i>8/28</i>			Date Due <i>8-30-95</i> <i>XX</i>																																																																																																			
COMMENTS:																																																																																																						

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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



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

Refugee & Entrant

1 Applicant Agency: Department of Health & Social Services
 2 CFDA #: 93.576
 3 Agency I.D. (Optional): DES-118-01
 4 Address (Street/City/State/Zip): 1 West Wilson Street, P.O. Box 7935, Madison WI 53707-7935
 5 Federal Agency to Receive Request: Department of Health & Human Services
 6 Period of Funding Mo/Day/Year: 09/30/95 to 09/29/96
 7 Application Due Date Mo/Day/Year: 06/16/95
 8 Agency Project Title: Refugee Family Violence Prevention, Education, and Intervention
 9 Executive Order 12372 Review Required: Yes, No
 10 Area of Impact Counties/States: Statewide
 11 Type of Application: New Grant, Amendment to Current Grant, Continuation-Unchanged, Continuation-Modified
 12 Type of Assistance: Grant, Formula, Discretionary, Other
 Clearinghouses: Notified Dates: No ATF, EO
 13 Number of Years Previously Funded: All

14 Funding, Allotment and Position Data (including Federal indirect costs)
 Total Federal Funds Applied For: \$180,000.00

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
446	Federal	PR-F	\$ 180,000	0		0	
	Local	Cash/in-kind	\$ 20,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement: Yes, No

16 Authorizations: Delegated Review
 Authorized Agency Representative (Type or Print): Richard W. Lorang
 Title if other than Agency Secretary: Deputy Secretary
 Signature: *Richard W. Lorang*
 Date: 8-17-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Jennifer Sjira
 Phone: 6-8219
 SAI Number: W1950907-266N 9357647
 Recommendation: Approve, Approve With Conditions, Deny
 Date Received: 9-7-95
 Signature: _____
 Date Due: _____
 COMMENTS:

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Discretionary Grants
Refugee & Entrant Assistance

1 Applicant Agency Department of Health & Social Services	2 CFDA # <u>93.576</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) Division of Economic Support 1 W. Wilson Street, P.O. Box 7935 Contact Person Madison WI 53707-7935 Susan G. Levy Phone 266-0578	5 Federal Agency to Receive Request Department of Health & Human Services	6 Period of Funding Mo/Day/Year <u>10/01/95</u> <u>09/30/96</u>
8 Agency Project Title (Refugee Services Program)	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO WE</u> <u>EO</u> _____ All	7 Application Due Date Mo/Day/Year 08/15/95
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States Statewide
13 Number of Years Previously Funded <u>20</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$1,678,690</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
442/446	Federal	PR-F	\$1,678,690	0		6.30	Per
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 11.6 Base 335,130 Amount \$ 26,386 No

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

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jennifer Sajna Phone 68289 SAI Number WI950907-2265-N 93576xx
 Recommendation: Approve Approve With Conditions Deny Date Received 9-7-95
 Signature _____ Date _____ Date Due 9-21-95

COMMENTS:

Del

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

Grants for Food Stamp Program
State Administrative Matching

1 Applicant Agency Dept. of Health & Social Services	2 CFDA # <u>10.561</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson St., P.O. 7850 Madison, WI 53707-7850 Contact Person _____ Phone _____	5 Federal Agency to Receive Request USDA - Food & Nutrition Service	7 Application Due Date Mo/Day/Year 8-15-95
8 Agency Project Title Family Nutrition Education Project	6 Period of Funding Mo/Day/Year <u>10-1-95</u> <u>9-30-96</u>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No A P E O</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 <input type="checkbox"/> Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input type="checkbox"/> Other	10 Area of Impact Counties/States <u>Statewide</u>

13 Number of Years Previously Funded seven

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

Total Federal Funds Applied For 2,695,016

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
440	Federal	PR-F	\$ 2,695,016	-0-		-0-	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

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

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Janifer Sajin Phone 6-8279 SAI Number WI950828-948-1

Recommendation: Approve Approve With Conditions Deny Date Received 8-28-95

Signature _____ Date _____ Date Due 12/1

COMMENTS:

10
561
XX

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

August 30, 1995

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

Drug Control and System Improvement
Discretionary Grant (Health Care Fraud
Investigation and Prosecution Project),
State Application Identifier
Number WI950804-228-N16580XX


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.

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
12/92)

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

Discretionary Grant
Drug Control + System Improvement

1 Applicant Agency Department of Justice		2 CFDA # <u>16-580</u>		3 Agency I.D. (Optional)																																																																																		
4 Address (Street/City/State/Zip) 114 East State Capitol Madison, WI 53702 Contact Person Matthew Frank Phone (608) 266-0929		5 Federal Agency to Receive Request Bureau of Justice Assistance		6 Period of Funding Mo/Day/Year 10/01/95 09/30/96																																																																																		
7 Application Due Date Mo/Day/Year		8 Agency Project Title Health Care Fraud Investigation and Prosecution Project		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs WJ</i> All <i>EO</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																																																																																		
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16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) James E. Doyle Signature <i>James E. Doyle</i>		Title if other than Agency Secretary Attorney General Date July 26, 1995																																																																																		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																						
Reviewing Analyst <i>Rosina Frank</i>		Phone <i>6-8270</i>		SAI Number <i>WI950804-28-N</i>																																																																																		
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>8-4-95</i>		<i>16</i>																																																																																		
Signature <i>Lina Frank-Rose</i>		Date <i>8-8-95</i>		Date Due <i>8-18-95</i>																																																																																		
<i>580</i>																																																																																						

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

August 30, 1995

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

FY95 Consolidated Pesticide Cooperative
Agreement (Amendment to WI940819-254-N66700XX),
State Application Identifier Number
WI950724-223-N66700XX

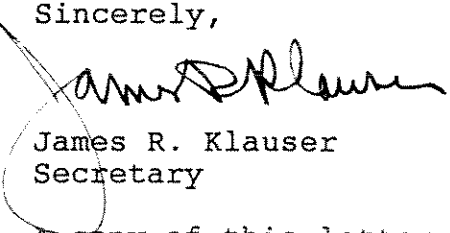
Dear Secretary Tracy:

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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.

