

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

➤ **

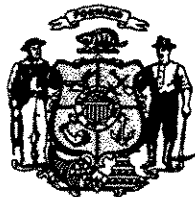
➤ Miscellaneous ... Misc

➤ 95hrJC-Fi_Misc_pt85

➤ 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

August 30, 1995

Mr. T. Lee Martinson, Administrator
Division of Housing
Department of Administration
101 E. Wilson Street
PO Box 8944
Madison, WI 53708-8944

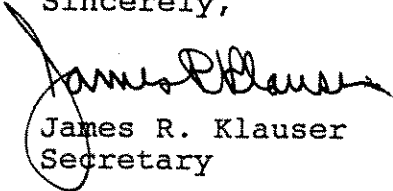
Housing Opportunities for
Persons with Aids, State
Application Identifier
Number WI950830-249-N14241XX

Dear Mr. Martinson:

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

1 Applicant Agency DEPARTMENT OF ADMINISTRATION	2 CFDA # <u>14 • 241</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. BOX 8944 MADISON WI 53708-8944 Contact Person _____ Phone _____	5 Federal Agency to Receive Request DEPARTMENT OF HOUSING AND URBAN DEV.	
8 Agency Project Title HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)	6 Period of Funding Mo/Day/Year <u>9/15/95</u> <u>9/14/98</u>	7 Application Due Date Mo/Day/Year 8/31/95
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed</u> <u>EO</u> All
13 Number of Years Previously Funded <u>NA</u>	10 Area of Impact Counties/States STATEWIDE	

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

Total Federal Funds Applied For \$650,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<u>752</u>	<u>FED</u>	<u>PROGRAM</u>	<u>\$ 650,000</u>	<u>0</u>	<u>NA</u>	<u>0</u>	<u>NA</u>
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 6% Base _____ Amount _____ No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) GEORGE F. LIGHTBOURN Signature _____	Title if other than Agency Secretary DEPUTY SECRETARY Date <u>8-29-95</u>
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst C. ARCHER Phone 6-3420 SAI Number WI950830-249-N
 Recommendation: Approve Approve With Conditions Deny Date Received 8-30-95
 Signature [Signature] Date 8/29/95 Date Due 8-31-95

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 7368
Madison, WI 53707-7368
Telephone 608/267-2125

Grants
Refugee & Entrant Assst. - Discretionary

1 Applicant Agency Department of Health & Social Services		2 CFDA # 93.576	3 Agency I.D. (Optional)																																																																																				
4 Address (Street/City/State/Zip) 1 West Wilson Street P.O. Box 7935 Madison WI 53707-7935 Contact Person Susan G. Levy Phone 266-0578		5 Federal Agency to Receive Request Department of Health & Human Services																																																																																					
8 Agency Project Title Refugee Family Violence Prevention, Education, and Intervention		6 Period of Funding Mo/Day/Year 09/30/95 09/29/96	7 Application Due Date Mo/Day/Year 06/16/95																																																																																				
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cleaninghouses: Notified _____ Dates _____ No list EO All																																																																																					
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 1		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$200,000																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Federal</td> <td>PR-F</td> <td>\$ 200,000</td> <td>0</td> <td></td> <td>0</td> <td></td> </tr> <tr> <td></td> <td>Local</td> <td>Cash/in-kind</td> <td>\$ 20,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <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		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	446	Federal	PR-F	\$ 200,000	0		0			Local	Cash/in-kind	\$ 20,000								\$								\$								\$								\$								\$								\$								\$				
Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																																													
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	Local	Cash/in-kind	\$ 20,000																																																																																				
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																																							
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>[Signature]</i> Title if other than Agency Secretary Acting Secretary Date 6-14-95																																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																							
Reviewing Analyst <i>Jennifer Sajna</i> Phone 6-8213		SAI Number WT950619-118-193																																																																																					
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received 6-19-95																																																																																					
Signature _____ Date _____		Date Due Dec																																																																																					
COMMENTS:																																																																																							

576
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WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Refugee + Entrant Asst. - Discretionary

Grants

1 Applicant Agency Department of Health and Social Services	2 CFDA # <u>9 3 5 7 6</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 W. Wilson Street P.O. Box 7935 Madison WI 53707-7935 Contact Person 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>	7 Application Due Date Mo/Day/Year 06/16/95
8 Agency Project Title Refugee Targeted Assistance Program (TAP) 10% Discretionary Grants	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No NT</i> <i>ES</i> 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 type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States <u>Statewide</u>

13 Number of Years Previously Funded _____

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

Total Federal Funds Applied For \$249,900

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
446	Federal	PR-F	\$ 249,900	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Acting Secretary Date <u>6-14-95</u>
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jennifer Sajina Phone 6-8219 SAI Number WD950619-177-N

Recommendation: Approve Approve With Conditions Deny Date Received 6-19-95

Signature _____ Date _____ Date Due Dec-95

COMMENTS:

93
576
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

Department of Administration
DOA-7020(R12/92)

Mental Health Planning ^{Demonstration}

1 Applicant Agency Department of Health & Social Services				2 CFDA # <u>93-125</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 1 W. Wilson St., P.O. Box 7851 Madison WI 53707-7851 Contact Person Chris Hendrickson Phone 608/267-9282				5 Federal Agency to Receive Request SAMSHA Center for Mental Health Services			
8 Agency Project Title Wisconsin's Services Systems Improvement for Consumer and Family Networks				6 Period of Funding Mo/Day/Year 10-1-95 to 9-30-96		7 Application Due Date Mo/Day/Year 7/1/95	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified				12 Type of Assistance Grant <input 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 WI EO</i>	
13 Number of Years Previously Funded <u>One</u>				10 Area of Impact Counties/States Statewide			
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$112,500</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
641	federal	PR-F	\$ 3,400				
741	federal	PR-F	\$ 109,100				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>			Title if other than Agency Secretary Acting Secretary Date 6-28-95		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>Bretchen Fossun</i> Phone <i>608-2288</i>				SAI Number <i>WI950717-200-N</i>			
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <i>7-17-95</i>			
Signature _____ Date _____				Date Due <i>Del</i>			
COMMENTS:							

93
125
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DA-7020(R12/92)

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

1 Applicant Agency WI Department of Health and Social Services	2 CFDA # <u>93-575</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson - P.O. 7851 Madison, WI 53707 Contact Person Kay Hendon Phone 608-266-8200	5 Federal Agency to Receive Request DHSS/ACF	
	6 Period of Funding Mo/Day/Year 9/30/95 - 9/30/98	7 Application Due Date Mo/Day/Year 7/1/95
8 Agency Project Title Child Care and Development Block Grant		
9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed EO		10 Area of Impact Counties/States entire state
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other	
13 Number of Years Previously Funded 4		
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$13,789,491</u>		

Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
694	Fed	PR-F	\$ 1,139,100			16	permanent
793	Fed	PR-F	\$ 3,047,291				
794	Fed	PR-F	\$ 9,603,100				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature: <i>Richard W. Lorang</i>	Title if other than Agency Secretary Acting Secretary Date: 6.27.95
--	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Dretchen Fasano Phone 6-2288 SAI Number WI 95072-216-N

Recommendation: Approve Approve With Conditions Deny

Signature _____ Date _____ Date Received 2-21-95 Date Due Del.

COMMENTS:

93
595
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-762-1

Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 90)

Federal-State Relations Office
101 S. Webster St., 6th Floor
P.O. Box 7888
Madison, WI 53707-7888
Telephone 608/267-2125

Evaluations
Health Care Financing Res. Demos

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>93.779</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 1 W Wilson Madison, WI 53702 Contact Person K.B. Piper Phone 266-2522		5 Federal Agency to Receive Request Health Care Financing Administration		7 Application Due Date Mo/Day/Year May 9, 1995	
6 Agency Project Title Special Care Managed Care Initiative for SSI-disabled Recipients		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no Fed</i> <i>EO</i>		10 Area of Impact Counties/States Milwaukee	
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 <u>3</u>					

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

Total Federal Funds Applied For \$260,769.00

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	FED	PR-F	\$ 260,769				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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 Acting Secretary
	Signature <i>Richard W. Lorang</i>	Date 6-20-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jim Johnston Phone 77980 SAI Number UF95072-217-A

Recommendation: Approve Approve With Conditions Deny Date Received 7-21-95 93

Signature _____ Date _____ Date Due 7-21-95 779

COMMENTS:

44

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DQA-7C20(R12/92)

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

Child Welfare Services - State Grants

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>93.645</u>	
4 Address (Street/City/State/Zip) Division of Community Services 1 West Wilson St., Madison, WI 53703 Contact Person Linda Hisgen Phone 266-6799		5 Federal Agency to Receive Request DH&HS, Admin. for Children & Families	
8 Agency Project Title Family Preservation and Support Services		6 Period of Funding Mo/Day/Year <u>10-1-94</u> <u>9-30-96</u>	7 Application Due Date Mo/Day/Year June 30, 1995
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO</u> <u>7/24</u> <u>ES</u> All	
12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Statewide	
13 Number of Years Previously Funded <u>1</u>			

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For 10,893,970

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
656	Federal	PR-F	\$ 853,352				
756	Federal	PR-F	\$ 8,492,018				
740	Federal	PR-F	\$ 458,600				
357	Federal	PR-F	\$1,100,000				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 4.6 Base 220,569 Amount 10,146 No

16 Authorizations
 Delegated Review
Authorized Agency Representative (Type or Print) Richard W. Lorang
Signature Richard W. Lorang
Title if other than Agency Secretary Acting Secretary
Date 6-29-95

FOR DEPARTMENT OF ADMINISTRATION

Reviewing Analyst Bretchen Fossum Phone 6-2288 SAI Number WI15021-2
Recommendation: Approve Approve With Conditions Deny Date Received 7-21-95
Signature _____ Date _____ Date Due 9/3

COMMENTS:

13
N
93
645
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

Unemployment Insurance

1 Applicant Agency Dept. of Industry, Labor & Human Relations		2 CFDA # 1 7 . 2 2 5		3 Agency I.D. (Optional) VAR 50-96																																																																																																	
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 8/1/95 12/31/96		7 Application Due Date Mo/Day/Year 7/20/95																																																																																																	
8 Agency Project Title Telephone Wage Verification System		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EO</i>		10 Area of Impact Counties/States Statewide																																																																																																	
11 Type of Application <input 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		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For 200,208																																																																																																			
				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Numeric</th> <th colspan="2">Revenue Type</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>Appropriation</th> <th>Source</th> <th>Amount</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>151</td> <td>Federal</td> <td>PR-F</td> <td>\$</td> <td>200,208</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Numeric		Revenue Type		New Positions		Existing Positions		Appropriation	Source	Amount	Type	No. (FTE)	Type	No. (FTE)	Type	151	Federal	PR-F	\$	200,208							\$								\$								\$								\$								\$								\$								\$								\$								\$				
Numeric		Revenue Type		New Positions		Existing Positions																																																																																															
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15 Indirect Cost Reimbursement <input type="checkbox"/> Yes <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 <i>July 20, 1995</i>																																																																																																	

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Orlando Ortiz</i> Phone <i>6-1103</i>	SAI Number <i>WI95072428</i>
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>7-24-95</i>
Signature _____ Date _____	Date Due <i>Jul.</i>

COMMENTS: _____

8
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225
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WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Unemployment Insurance

<p>1 Applicant Agency Dept. of Industry, Labor & Human Relations</p>	<p>2 CFDA # 1 7 . 2 2 5</p>	<p>3 Agency I.D. (Optional) VAR 51-96</p>
<p>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</p>	<p>5 Federal Agency to Receive Request U. S. Dept. of Labor</p>	
	<p>6 Period of Funding Mo/Day/Year 10/2/95 11/14/96</p>	<p>7 Application Due Date Mo/Day/Year 7/20/95</p>
<p>8 Agency Project Title Automated Error Tracking System For Employer Tax Related Transactions</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>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other</p>	<p>10 Area of Impact Counties/States Statewide</p>
<p>13 Number of Years Previously Funded None All</p>		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For				\$39,100			
Numeric				New Positions		Existing Positions	
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
151	Federal	PR-F	\$ 39,100				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

<p>16 Authorizations <input checked="" type="checkbox"/> Delegated Review</p>	<p>Authorized Agency Representative (Type or Print) Bill Weber Signature <i>Bill Weber</i></p>	<p>Title if other than Agency Secretary Budget Analyst Date <i>July 20, 1995</i></p>
---	--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst	<i>Orlando Cant</i>	Phone	<i>6-1103</i>	SAI Number	<i>WI 950724</i>
Recommendation:	<input type="checkbox"/> Approve	<input type="checkbox"/> Approve With Conditions	<input type="checkbox"/> Deny	Date Received	<i>7-24-95</i>
Signature	_____	Date	_____	Date Due	<i>Fill</i>

COMMENTS: _____

219
N
17
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WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Unemployment Insurance

<p>1 Applicant Agency Dept. of Industry, Labor & Human Relations</p>	<p>2 CFDA # 1 7 . 2 2 5</p>	<p>3 Agency I.D. (Optional) VAR 52-96</p>
<p>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</p>	<p>5 Federal Agency to Receive Request U. S. Dept. of Labor</p>	
	<p>6 Period of Funding Mo/Day/Year 10/2/95 11/4/96</p>	<p>7 Application Due Date Mo/Day/Year 7/20/95</p>
<p>8 Agency Project Title Redesign Of Field Audit Laptop Application</p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No JDE</i></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>1 Area of Impact Counties/States Statewide</p>
<p>13 Number of Years Previously Funded None</p>		All

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For				\$74,070			
Numeric				New Positions		Existing Positions	
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
151	Federal	PR-F	\$ 74,070				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

<p>16 Authorizations <input checked="" type="checkbox"/> Delegated Review</p>	<p>Authorized Agency Representative (Type or Print) Bill Weber Signature <i>Bill Weber</i></p>	<p>Title if other than Agency Secretary Budget Analyst Date <i>July 20, 1995</i></p>
---	--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Orlando Camp* Phone *6-1163* SAI Number *WI950241-200*

Recommendation: Approve Approve With Conditions Deny Date Received *7-20-95*

Signature _____ Date _____ Date Due *Sept*

COMMENTS: _____

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WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Dept. of Industry, Labor & Human Relations	2 CFDA # 17.207	3 Agency ID: (Optional)
4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Debbie Benish Phone 266-5747	5 Federal Agency to Receive Request U. S. Dept. of Labor	6 Period of Funding Mo/Day/Year 07/01/95 06/30/96
		7 Application Due Date Mo/Day/Year 07/31/95
8 Agency Project Title <i>Employment Service</i> State/Local Planning Information (LMI)	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no WTEO</i>	10 Area of Impact Counties/States Statewide
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	
13 Number of Years Previously Funded <i>More than 5 Yrs</i> All		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$128,134</u>							
Numeric				New Positions		Existing Positions	
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
E1 (151)	Federal	PR-F	\$ 127,801			1.00	Perm
E3 (153)	Federal	PR-F	\$ 333				

15 Indirect Cost Reimbursement
 Yes Rate .75% Base \$44,446 Amount \$333 No

18 Authorizations <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Debbie Benish Signature <i>Debbie Benish</i>	Title if other than Agency Secretary Budget Analyst Date <i>7/31/95</i>
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Recommendation: Signature COMMENTS:	<i>Orlando Cantu</i> Phone <i>6-1103</i> <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date _____	SAI Number <i>WI950804-2001</i> Date Received <i>8-4-95</i> Date Due <i>Rel.</i>
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N
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 200
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WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Dept. of Industry, Labor & Human Relations		2 CFDA # 17.207	3 Agency I.D. (Optional)																																																																																				
4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Debbie Benish Phone 266-5747		5 Federal Agency to Receive Request U. S. Dept. of Labor																																																																																					
8 Agency Project Title Wagner-Peyser Employment Service Grant		6 Period of Funding Mo/Day/Year 07/01/95 06/30/96	7 Application Due Date Mo/Day/Year N/A																																																																																				
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI</u> <u>EO</u>																																																																																					
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 More than 5 Yrs.		14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$14,866,867																																																																																					
<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>EI (151)</td> <td>Federal</td> <td>PR-F</td> <td>\$ 14,819,059</td> <td></td> <td></td> <td>188.8</td> <td>Perm</td> </tr> <tr> <td>E3 (153)</td> <td>Federal</td> <td>PR-F</td> <td>\$ 47,808</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>\$</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	EI (151)	Federal	PR-F	\$ 14,819,059			188.8	Perm	E3 (153)	Federal	PR-F	\$ 47,808								\$								\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																																													
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E3 (153)	Federal	PR-F	\$ 47,808																																																																																				
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .75% Base \$6,374,403 Amount \$47,808 <input type="checkbox"/> No																																																																																							
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Debbie Benish Signature <i>Debbie Benish</i>																																																																																					
		Title if other than Agency Secretary Budget Analyst Date 8/1/95																																																																																					

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Alfonso Carro</i> Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature _____ COMMENTS: _____	Phone <i>6-1103</i> Date _____	SAI Number <i>WI 950809-230-N</i> Date Received <i>8-9-95</i> Date Due <i>Del</i>
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WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>93.667</u>																																																																																	
4 Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 7850 Madison, WI 53707-7850 Contact Person Richard Kiley Phone 266-7336		5 Federal Agency to Receive Request DH&HS, ACF																																																																																	
8 Agency Project Title <u>1996 Social Services Block Grant</u>		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		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed</u> <u>EU</u> All																																																																																	
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>20</u>																																																																																			
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$54,389,783</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%;">Type</th> <th style="width: 15%;">Existing Positions No. (FTE)</th> <th style="width: 15%;">Type</th> </tr> </thead> <tbody> <tr> <td>692</td> <td>Federal</td> <td>PR-F</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>792</td> <td>Federal</td> <td>PR-F</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>798</td> <td>Federal</td> <td>PR-F</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	692	Federal	PR-F	\$					792	Federal	PR-F	\$					798	Federal	PR-F	\$								\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																																												
692	Federal	PR-F	\$																																																																																
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798	Federal	PR-F	\$																																																																																
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15 Indirect Cost Reimbursement will be taken against salary at end of budget period <input checked="" type="checkbox"/> Yes Rate <u>5.2%</u> Base _____ Amount _____ <input type="checkbox"/> No																																																																																			
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Title if other than Agency Secretary Deputy Secretary Signature <u>Richard W. Lorang</u> Date <u>8-10-95</u>																																																																																	
FOR DEPARTMENT OF ADMINISTRATION																																																																																			
Reviewing Analyst <u>Arnette Fossam</u> Phone <u>6-2288</u>		SAI Number <u>WI 950818-237-1</u>																																																																																	
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>8-18-95</u>																																																																																	
Signature _____ Date _____		Date Due <u>Dec.</u>																																																																																	
COMMENTS:																																																																																			

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WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

<p>1 Applicant Agency Dept. of Industry, Labor & Human Relations</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>8 Agency Project Title Dislocated Worker Project for Briggs and Stratton in the Milwaukee area.</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 # 1 7 . 2 4 6</p> <p>5 Federal Agency to Receive Request U. S. Dept. of Labor</p> <p>6 Period of Funding Mo/Day/Year 8/1/95 2/28/97</p> <p>7 Application Due Date Mo/Day/Year Continuous RFP</p> <p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates N/A <i>No Fed</i> <i>EF</i> </p> <p>10 Area of Impact Counties/States Milwaukee Co. Waukesha Co. Ozaukee Co. Washington Co.</p>
<p>12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Other </p>	<p>13 Number of Years Previously Funded 0</p> <p>14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$1,138,047</p>

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
152	Federal	PR-F	\$ 1,123,047				
145	Federal	PR-F	\$ 14,921			.20	Perm
153-Indirect	Federal	PR-F	\$ 79				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate .75% of Salaries Base \$10,587 Amount \$79
 No

16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print) Susan Huss
 Signature *Susan Huss*
 Title if other than Agency Secretary Budget Analyst
 Date 8/8/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Orlando Canto Phone 6-110-3 SAI Number WI950818-235-1
 Recommendation: Approve Approve With Conditions Deny
 Signature _____ Date _____ Date Received 8-18-95
 Date Due 2-28-96

COMMENTS: _____

Comments Continued on Reverse or on a Separate Sheet

8/18 - partial app to OC

*17
ack
YI*

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Demonstrations & Evaluation
Health Care Financing Research

1 Applicant Agency Dept. of Health and Social Services	2 CFDA # <u>93.779</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. Box 7850 Madison, WI 53707 Contact Person Glenn Silverberg Phone <u>267-8281</u> (608)	5 Federal Agency to Receive Request DHHS Health Care Financing Admin.	6 Period of Funding Mo/Day/Year <u>9/28/95</u> <u>9/27/96</u>
8 Agency Project Title Health Insurance Information, Counseling and Assistance	7 Application Due Date Mo/Day/Year <u>7/27/95</u>	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>no need</u> <u>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	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>3</u>		

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

Total Federal Funds Applied For 180,988

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
758	PRF	FED	\$ 178,488				
658	PRF	FED	\$ 2,715				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date <u>7-24-95</u>
--	--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jim Johnston Phone 7-7980 SAI Number WI950821-238-1

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

Signature _____ Date _____ Date Due SEP

COMMENTS:

93
77
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 7	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Debbie Benish Phone 266-5747	5 Federal Agency to Receive Request U. S. Dept. of Labor	
	6 Period of Funding Mo/Day/Year 07/01/95 06/30/96	7 Application Due Date Mo/Day/Year 08/18/95
8 Agency Project Title <i>Employment Service</i> One-Stop Labor Market Information Grant	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no WI EO</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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other	10 Area of Impact Counties/States Statewide
13 Number of Years Previously Funded One Year		All

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For				\$365,822			
Numeric Appropriation				New Positions		Existing Positions	
Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type	
E1 (151)	Federal	PR-F	\$ 365,066	1.50	Perm	1.50	Perm
E3 (153)	Federal	PR-F	\$ 756				

15 Indirect Cost Reimbursement			
<input checked="" type="checkbox"/> Yes Rate .75%		Base \$100,746 Amount \$756	
		<input type="checkbox"/> No	
16 Authorizations		Authorized Agency Representative (Type or Print)	
<input checked="" type="checkbox"/> Delegated Review		Debbie Benish	
		Signature <i>Debbie Benish</i>	
		Title if other than Agency Secretary	
		Budget Analyst	
		Date	
		8/15/95	

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Dalando Cantu</i>	Phone <i>6-1105</i>	SAI Number <i>WI950818-232-N</i>
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>8-18-95</i>	Date Due <i>Del.</i>
Signature _____	Date _____	

COMMENTS: _____

Comments Continued on Reverse or on a Separate Sheet

8/18 - partial app. to OC

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

August 22, 1995

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

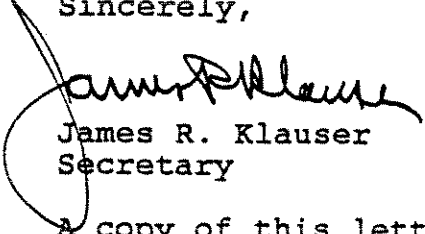
Water Pollution Control-Research,
Development & Demonstration (CEM
Tributary Monitoring Activities on
Lake Michigan), State Application
Identifier Number WI950721-211-N66505XX

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

Water Pollution Control - Res., Dev

1 Applicant Agency Department of Natural Resources			2 CFDA# 66.505		3 Agency I.D. (Optional): <i>609</i>																																																																					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921			5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																																							
Contact Person Ed Boebel Phone 608/266-9252			6 Period of Funding Mo/Day/Year 10/01/93 09/30/96		7 Application Due Date Mo/Day/Year 07/15/95																																																																					
8 Agency Project Title CEM Tributary Monitoring Activities on Lakes Michigan			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No WIDE</i>		10 Area of Impact Counties/States Statewide																																																																					
11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																																								
13 Number of Years previously funded: 2			<i>7/18/95</i> All																																																																							
14 Funding, Allotment and Position Data (including Federal indirect costs)																																																																										
Total Federal Funds Applied For <u>\$580,000</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>241</td> <td>Federal</td> <td>PR-F</td> <td>\$577,979</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>State</td> <td>GPR</td> <td>\$2,021</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	241	Federal	PR-F	\$577,979					846	State	GPR	\$2,021								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																				
				No. (FTE)	Type	No. (FTE)	Type																																																																			
241	Federal	PR-F	\$577,979																																																																							
846	State	GPR	\$2,021																																																																							
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			\$																																																																							
			\$																																																																							
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$8,680</u> Amount <u>\$2,021</u> <input type="checkbox"/> No																																																																										
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell		Title if other than Agency Secretary Administrator - OPA																																																																						
		Signature <i>Darrell Bazzell</i>		Date <i>7/13/95</i>																																																																						
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																										
Reviewing Analyst <i>Russell Rasmussen</i>		Phone <i>6-7329</i>		SAI Number <i>WT950721-211-N66</i>																																																																						
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>Russell Rasmussen</i>		Date Received <i>7-21-95</i>																																																																						
		Date <i>8/21/95</i>		Date Due <i>8-4-95</i>																																																																						

505
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

August 22, 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 & Demonstration (Environmental
Indicators on a Regional Scale: Milw. River
Basin Pilot), State Application Identifier
Number WI950724-221-N66505XX

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

Water Pollution Control - Res. Dev + Dem

1 Applicant Agency Department of Natural Resources				2 CFDA# 66.505		3 Agency I.D. (Optional) 611	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921				5 Federal Agency to Receive Request U.S. Environmental Protection Agency			
Contact Person Ed Boebel Phone 608/266-9252				6 Period of Funding Mo/Day/Year 10/01/95 09/30/96		7 Application Due Date Mo/Day/Year 07/15/95	
8 Agency Project Title Environmental Indicators on a Regional Scale: Milwaukee River Basin Pilot				9 Executive Order 12352 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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:		Clearinghouses: Notified Dates <i>No WS</i> <i>ES</i>			
13 Number of Years previously funded: 0				<i>7/20/95</i> AIR			
14 Funding, Allotment and Position Data (including Federal indirect cost)							
Total Federal Funds Applied For <u>\$115,000</u>							
				New Positions		Existing Positions	
Numeric	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
241	Federal	PR-F	\$102,184	1	PROJ 05		
846	Federal	PR-F	\$12,836				
201	State	GPR	\$5,378				
801	State	GPR	\$676				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$58,042</u> Amount <u>\$13,512</u> <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell			Title if other than Agency Secretary Administrator - OPA		
		Signature <i>Darrell L. Bazzell</i>			Date <i>7/17/95</i>		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst: <i>Russ Rosmus</i> Phone <i>6-7329</i>				SAI Number: <i>WD950724-001-N</i>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received: <i>7-24-95</i> <i>66</i>			
Signature: <i>Russ Rosmus</i> Date: <i>8/21/95</i>				Date Due: <i>8-7-95</i> <i>505</i>			

66
505
XX

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

August 21, 1995

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


(Wisconsin) Early Intervention Partnership
and Scholarship Program, State Application
Identifier Number WI950728-224-N84272XX

Dear Superintendent Benson:

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

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

1 Applicant Agency Dept of Public Instruction, WI Educ Opp Pgms		2 CFDA # <u>84.272</u>	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) 101 W. Pleasant ST., Suite 204 Milwaukee, WI 53212 Contact Person Paul Spraggins Phone (414) 227-4413		5 Federal Agency to Receive Request Dept of Education					
8 Agency Project Title Wisconsin Early Intervention Partnership & Scholarship Program		6 Period of Funding Mo/Day/Year 9/01/95 6/30/2000	7 Application Due Date Mo/Day/Year 7/24/95				
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		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates Dept of Admin 7/10/95 All <i>Howl EO</i>					
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Wisconsin (State)					
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>\$264,160.00</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
	NEISP	PR-F	\$ 30,973	1.0	Project	0	0
	NEISP	PR-F	\$ 9,815	.5	Project		
	NEISP	PR-F	\$ 9,815	.5	Project		
	NEISP	PR-F	\$ 9,815	.5	Project		
	NEISP	PR-F	\$ 9,815	.5	Project		
			\$				
			\$				
			\$				
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) John T. Benson Signature <i>John T. Benson</i>	Title if other than Agency Secretary State Superintendent Date July 14, 1995				
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Rob Cramer</u>		Phone <u>6-1923</u>	SAI Number <u>WI950728-204-N</u>				
Recommendation: <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>7-28-95</u>		Date Due <u>8-14-95</u>			
Signature <u>Robert Cramer</u>		Date <u>8-14-95</u>		84 275			

InterOffice Memo

Department of Industry, Labor and Human Relations

Date: August 3, 1995

File Ref: t:\budbur\breide\fedcnt96\doanotif.doc

To: Martha Kerner

From: Phil Breidel (6-7425) *P.B.*

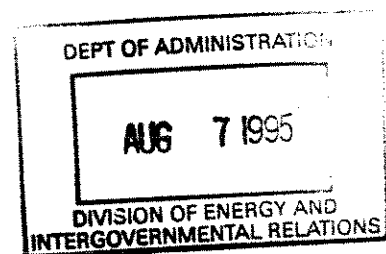
Subject: **DOA Notification of Request for Federal Funds**

Enclosed is notification of DILHR's request for federal funds from the Bureau of Labor Statistics (BLS) for the OSHA (Occupational Safety and Health Statistics) contract in the amount of \$128,431 and the Census of Fatal Occupational Injuries (CFOI) contract in the amount of \$11,012. These programs have been funded for several years in Wisconsin by BLS. One grant application totaling \$139,443 (\$128,431 + \$11,012) is being submitted for both contracts. Two copies of the application are enclosed.

These programs are included in our delegated agreement.

If you have any questions, please feel free to contact me.

Enclosures



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

Compensation & Working Conditions Data

1 Applicant Agency Dept. of Industry, Labor & Human Relations		2 CFDA # 17.005	
4 Address (Street/City/State/Zip) 210 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	
8 Agency Project Title OSOS 200 Survey (OSHS)		6 Period of Funding Mo/Day/Year 10/01/95 09/30/96	7 Application Due Date Mo/Day/Year 09/01/95
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no 2/24</i> <i>EO</i>	
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 more than 5 years		All	

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$128,431							
Numeric				New Positions		Existing Positions	
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR-F	\$ 127,927			2.50	Perm
153 Indirect	Federal	PR-F	\$ 504				
129	State Match		\$ 127,927			2.50	Perm
153 Indirect	State Match		\$ 504				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .75% of salaries Base \$134,285 Amount \$1,008 <input type="checkbox"/> No			
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Philip Breidel Signature <i>Philip Breidel</i>	Title if other than Agency Secretary Policy Analyst Agency-Senior Date 8/3/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Orlando Carr</i>	Phone <i>6-1103</i>	SAI Number <i>WI95023-213</i>
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>8-23-95</i>	Date Due <i>10/1</i>
Signature _____	Date _____	

Comments Continued on Reverse or on a Separate Sheet

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WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Dept. of Industry, Labor & Human Relations	2 CFDA # 17.005 3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 210 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Philip Breidel Phone 266-7425	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 09/01/95
8 Agency Project Title Census of Fatal Occupational Injuries (CFOI)	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>Notified</i> 10 Area of Impact Counties/States Statewide
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other
13 Number of Years Previously Funded Five	All

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For				\$11,012			
Numeric Appropriation				New Positions		Existing Positions	
Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type	
141 Federal	PR-F	\$ 10,968			.167	Perm	
153 Indirect Federal	PR-F	\$ 44					
129 State Match		\$ 10,968			.167	Perm	
153 Indirect State Match		\$ 44					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					

15 Indirect Cost Reimbursement
 Yes Rate .75% of salaries Base \$11,698 Amount \$88 No

16 Authorizations	Authorized Agency Representative (Type or Print) Philip Breidel	Title if other than Agency Secretary Policy Analyst Agency-Senior
<input checked="" type="checkbox"/> Delegated Review	Signature <i>Philip Breidel</i>	Date 8/3/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst	Signature: <i>Orlando Cantu</i>	Phone: 6-1103	SAI Number: WI 950823-2	
Recommendation:	<input type="checkbox"/> Approve	<input type="checkbox"/> Approve With Conditions	<input type="checkbox"/> Deny	Date Received: 8-23-95
Signature	Date	Date Due	<i>10/1</i>	

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

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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

August 14, 1995

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

(Agriculture Loan) Certified
Mediation Program, State Application
Identifier Number WI950809-229-N10435XX

Dear Secretary Tracy:

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

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

Sincerely,

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
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 Agriculture, Trade & Consumer Protection/Ag Loan Mediation	2 CFDA # <u>10-435</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 2811 Agriculture Drive Madison, WI 53704-6777 Contact Person Jo Ann Prust (608) 224-5052 <small>Phone</small>	5 Federal Agency to Receive Request USDA-CFSA	
8 Agency Project Title <u>Certified</u> Agriculture Loan Mediation Program	6 Period of Funding Mo/Day/Year 10/01/95 09/30/96	7 Application Due Date Mo/Day/Year August 1, 1995
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 _____	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed</u> <u>EO</u> All
13 Number of Years Previously Funded <u>9</u>		10 Area of Impact Counties/States State-Wide Wisconsin
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>175,801</u>		

Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
941	Federal	PR-F	\$			2.1	Permanent
841	Indirect-Fed	PR-F	\$				
901	State	GPR	\$			3.0	Permanent
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 20.26% Base 86,500 Amount 17,525 No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) Elizabeth Kohl	Title if other than Agency Secretary Deputy Secretary
Signature <i>E. Kohl</i>	Date 7-25-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Ducky Gugenheim Phone 608-7597 SAI Number WT950809-209-1
 Recommendation: Approve Approve With Conditions Deny Date Received 8-9-95
 Signature [Signature] Date 11-Aug-95 Date Due 8-23-95

COMMENTS: [Signature]

10
435
XX

Comments Continued on Reverse or on a Separate Sheet

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

August 14, 1995

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

Resource Conservation and Development
(Continuation of North 20 RC&D Agreement),
State Application Identifier Number
WI950221-036-N10901XX

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

Received 8/13/95

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# 10.901	3 Agency I.D. (Optional) 521																																																																				
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Jack Hoisington Phone (608) 266-1993		5 Federal Agency to Receive Request USDA Forest Service S&PF																																																																					
8 Agency Project Title Continuation of North 20 RC&D Agreement		6 Period of Funding Mo/Day/Year 10/1/94 9/30/95	7 Application Due Date Mo/Day/Year asap																																																																				
9 Agency Project Title <i>Resource Conservation + 1000</i>		10 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs WI ED</i>																																																																					
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	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: More than 5 years		Yes All																																																																					
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$72,000																																																																							
<table border="1"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>181-12</td> <td>Federal</td> <td>PR-F</td> <td>\$72,000</td> <td>0</td> <td></td> <td>1</td> <td>Permanent</td> </tr> <tr> <td></td> <td colspan="7"><i>no state match needed</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	181-12	Federal	PR-F	\$72,000	0		1	Permanent		<i>no state match needed</i>										\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																													
				No. (FTE)	Type	No. (FTE)	Type																																																																
181-12	Federal	PR-F	\$72,000	0		1	Permanent																																																																
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 23.28% Base \$53,500 Amount \$12,500 <input type="checkbox"/> No																																																																							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell Bazzell Signature <i>Darrell Bazzell</i> Date 2/13/95																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																							
Reviewing Analyst <i>Shelley Moore</i> Phone <i>6-7973</i>		SAI Number <i>WI950221-036-1</i>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>2-21-95</i>																																																																					
<i>Shelley Moore</i> Date <i>8/19/95</i>		Date Due <i>3-7-95</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 14, 1995

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

Cooperative Forestry Assistance
(Stewardship Incentive Program,
State Application Identifier Number
WI950221-027-N10664XX

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

Received 813195

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

Let
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1 Applicant Agency Department of Natural Resources				2 CFDA# 10.664		3 Agency I.D. (Optional) 526	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Jack Hoisington Phone (608) 266-1993				5 Federal Agency to Receive Request USDA Forest Service - S&PF			
				6 Period of Funding Mo/Day/Year 10/1/94 9/30/95		7 Application Due Date Mo/Day/Year ASAP	
8 Agency Project Title Stewardship Incentive Program (SIP)				9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cleaninghouses: Notified Dates needs wt ED		10 Area of Impact Counties/States Statewide	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:					
13 Number of Years previously funded: 3 years				Yes		All	
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For \$55,400							
Numeric				New Positions		Existing Positions	
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
181-12	Federal	PR-F	\$55,400	0		0	
no state match required							
			\$				
			\$				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 23.28% Base \$27,120 Amount \$6,314 <input type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell Bazzell Signature Darrell Bazzell			Title if other than Agency Secretary Administrator/OPA Date 2/13/95		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst: Shelby Moore Phone 6-7993				SAI Number WF95021-027-NIC			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received 2-21-95			
Signature: Shelby Moore				Date 819195			
				Date Due 3-7-95			

664
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

August 14, 1995

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

Cooperative Forestry Assistance
(Stewardship Program), State Application
Identifier Number WI950221-026-N10664XX

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

Received 8/13/95

Called on project pos. - 8/19/95

Department of Administration
Form DAA-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# 10.664		3 Agency I.D. (Optional) 527	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921		5 Federal Agency to Receive Request USDA Forest Service			
Contact Person Jack Hoisington Phone (608) 266-1993		6 Period of Funding Mo/Day/Year 10/1/94 9/30/95		7 Application Due Date Mo/Day/Year ASAP	
8 Agency Project Title Stewardship Program <i>Coop Foresting Ass</i>		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10 Area of Impact Counties/States Statewide	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:		Clearinghouses: Notified Dates <i>None</i> <i>WI</i> <i>EO</i>	
13 Number of Years previously funded: 5 years		YES		All	
14 Funding, Allotment and Position Data (including Federal indirect costs)					
Total Federal Funds Applied For <u>\$271,600</u>					
Numeric Appropriation		Source		Revenue Type	
Amount		New Positions No. (FTE)		Existing Positions No. (FTE)	
Type		Type		Type	
181-12	Federal	PR-F	\$271,600	0	1 Project Perm
161-12	State-match	SEG	\$272,624	0 forestry SE6	0
			\$	0	0
			\$		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$198,663</u> Amount <u>\$46,249</u> <input type="checkbox"/> 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 <i>2/13/95</i>	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst: <i>Shelley Moore</i>		Phone: <i>6-7902</i>		SAI Number: <i>WI950221-026-N</i>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received: <i>2-21-95</i>		<i>1066</i>	
Signature: <i>Shelley Moore</i>		Date: <i>8/19/95</i>		Date Due: <i>3-7-95</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 14, 1995

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

Cooperative Forestry Assistance
(Rural Fire Prevention & Control Sec.
10(b)(2), State Application Identifier
Number WI950221-029-N10664XX

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

Received 8/3/95

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

Called on project position
8/9/95

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# 10.664		3 Agency I.D. (Optional) 523						
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921			5 Federal Agency to Receive Request USDA FOREST SERVICE - S&PF								
Contact Person Jack Hoisington Phone (608) 266-1993			8 Period of Funding Mo/Day/Year 10/1/94 9/30/95		7 Application Due Date Mo/Day/Year ASAP						
8 Agency Project Title Rural Fire Prevention & Control (RFP&C) Section 10(b)(2), Coop. Forestry Asst. Act			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10 Area of Impact Counties/States Statewide						
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:		Clearinghouses: Notified Dates needs w/ E.O.							
13 Number of Years previously funded: More than 5 years			Yes		All						
14 Funding, Allotment and Position Data (including Federal indirect costs)											
Total Federal Funds Applied For \$217,500											
Numeric Appropriation		Source		Revenue Type		Amount		New Positions No. (FTE) Type		Existing Positions No. (FTE) Type	
181-12	Federal	PR-F	\$217,500					20	Project		
181-12	State-Match	SEG	\$217,500					5	Forestry account	5	Permanent
			\$								
			\$								
			\$								
			\$								
			\$								
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 23.28% Base \$184,783 Amount \$43,017 <input type="checkbox"/> 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 Darrell Bazzell			Date 2/13/95						
FOR DEPARTMENT OF ADMINISTRATION USE ONLY											
Reviewing Analyst: Shelley Moore		Phone: 6-7912		SAI Number: 104950001-029-N							
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received: 2-21-95		Date Due: 3-7-95							
Signature: Shelley Moore		Date: 8/10/95									

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