

1995-96 SESSION  
COMMITTEE HEARING  
RECORDS

Committee Name:

Joint Committee on  
Finance (JC-Fi)

Sample:

Record of Comm. Proceedings ... RCP

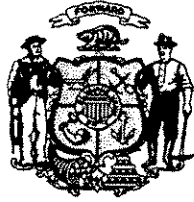
- 05hrAC-EdR\_RCP\_pt01a
- 05hrAC-EdR\_RCP\_pt01b
- 05hrAC-EdR\_RCP\_pt02

- Appointments ... Appt
- \*\*
  
- Clearinghouse Rules ... CRule
- \*\*
  
- Committee Hearings ... CH
- \*\*
  
- Committee Reports ... CR
- \*\*
  
- Executive Sessions ... ES
- \*\*
  
- Hearing Records ... HR
- \*\*
  
- Miscellaneous ... Misc
- 95hrJC-Fi\_Misc\_pt88
  
- Record of Comm. Proceedings ... RCP
- \*\*

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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



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

June 23, 1995

Raymond G. Boland  
Secretary  
Department of Veteran Affairs  
PO Box 7843  
Madison, WI 53707-7843

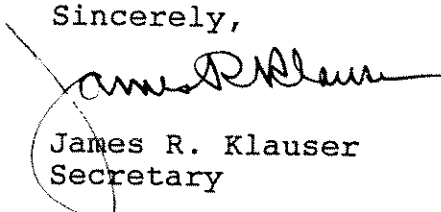
Teacher and Teacher's Aide Placement  
Assistance Program, State Application  
Identifier Number WI950623-187-N00000XX

Dear Secretary Boland:

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.



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

June 26, 1995

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

Office of Refugee Resettlement  
Citizenship Initiative, State  
Application Identifier Number  
WI950623-186-N93589ZZ

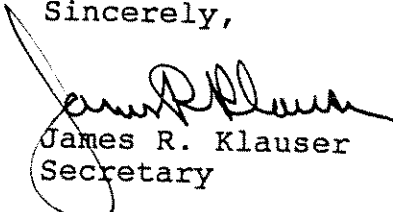
Dear Acting Secretary Lorang:

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

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

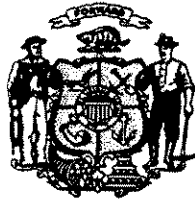
The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

  
James R. Klauser  
Secretary



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

July 14, 1995

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

TSCA Title IV State Lead Grants-Certification  
of Lead-Based Paint Professionals (Community  
Outreach and Surveillance), State Application  
Identifier Number WI950419-093-N66707XX

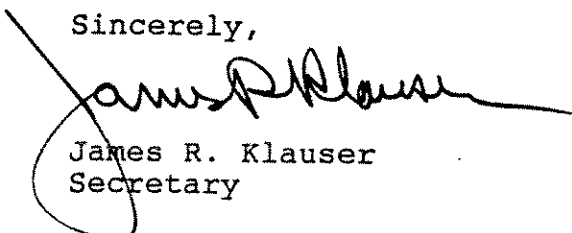
Dear Acting Secretary Lorang:

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

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

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

Sincerely,

  
James R. Klauser  
Secretary

H-752-1

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

*Professional's Certification of Lead-Based Paint*  
*TSCA Title 10 State Lead Grants*

1 Applicant Agency Department of Health and Social Services		2 CFDA # <u>66-707</u>	3 Agency/NO. (Optional) <u>UPE</u>
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Rm. 112 MADISON WI 53703 Contact Person Perry Manor Phone (608)267-2297		5 Federal Agency to Receive Request U.S. Environmental Protection Agency	
		6 Period of Funding Mo/Day/Year <u>July 1, 95</u> <u>June 30, 95</u>	7 Application Due Date Mo/Day/Year <u>04/14/95</u>
8 Agency Project Title EPA Lead Accreditation/Certification Community Outreach and Surveillance		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>None EO</u>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States <u>Statewide</u>	
13 Number of Years Previously Funded <u>One (1)</u>			

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

Total Federal Funds Applied For \$454,350

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 454,350			3	2 PHE-1
			\$				1 PA-2
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 13.2% Base \$93,000 Amount \$12,300  No

16 Authorizations

Delegated Review

Authorized Agency Representative (Type or Print)  
Richard W. Lorang  
Signature [Signature]  
Date 4-13-95

Title if other than Agency Secretary  
Acting Secretary

### FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst [Signature] Phone 7-9546 SAI Number WI950419-093-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received 4-19-95

Signature [Signature] Date 7/13/95 Date Due 5-3-95

669c  
VX

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

July 13, 1995

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

State and Community-Based Childhood  
Lead Poisoning Prevention Program,  
State Application Identifier Number  
WI950419-091-N93197XX

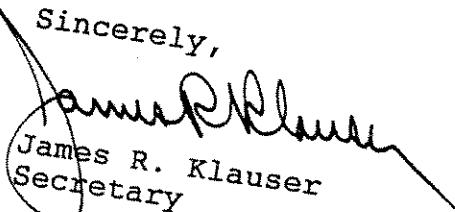
Dear Acting Secretary Lorang:

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

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

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

Sincerely,

  
James R. Klauser  
Secretary



H-751-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Wisconsin Dept. of Health & Social Services		2 CFDA # <u>93 • 197</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 309 Madison, WI 53701-0309 Contact Person Bill Otto <i>Prevention</i> Phone (608) 266-9337		5 Federal Agency to Receive Request DHSS; Centers for Disease Control		7 Application Due Date Mo/Day/Year 4/14/95	
8 Agency Project Title State and Community-Based Childhood Lead Poisoning Program		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO WE EO</u> All		10 Area of Impact Counties/States Statewide	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input 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 4					

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

Total Federal Funds Applied For \$1,498,944

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 1,498,944			1.0	perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 13.2 Base \$25,029 Amount \$3,304  No

16 Authorizations

Delegated Review

Authorized Agency Representative (Type or Print)  
Richard W. Lorang

Signature R. W. Lorang Date 4-13-95

Title if other than Agency Secretary  
Acting Secretary

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky phone 7-9546 SAI Number WE95049-091-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received 4-19-95 93

Signature S. Jablonsky Date 7/13/95 Date Due 5-3-95 107

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

July 13, 1995

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

Refugee Entrant Assistance (Targeted  
Assistance Program Discretionary  
Grants-Purpose 1), State Application  
Identifier Number WI950627-191-N93576XX

Dear Acting Secretary Lorang:

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

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

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

Sincerely,

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

James R. Klauser  
Secretary

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

Refugee + Entrant Assistance

<b>1</b> Applicant Agency Department of Health and Social Services	<b>2</b> CFDA # <u>93 • 576</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) Div. of Economic Support 1 W. Wilson Street, P.O. Box 7935 Madison WI 53707-7935 Contact Person Susan G. Levy Phone <u>266-0578</u>	<b>5</b> Federal Agency to Receive Request DH&HS, ACR, Office of Refugee Resettlement	
<b>8</b> Agency Project Title Targeted Assistance Program (TAP) Discretionary Grants (Purpose 1)	<b>6</b> Period of Funding Mo/Day/Year <u>09/30/95</u> <u>09/29/97</u>	<b>7</b> Application Due Date Mo/Day/Year <u>06/26/95</u>
<b>11</b> 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	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI EO</u> _____ _____ All
<b>13</b> Number of Years Previously Funded <u>0</u>	<b>10</b> Area of Impact Counties/States <u>Statewide</u>	
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$826,500 - 1st 17 months</u> Numeric Appropriation		

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
446	Federal	PR-F	\$ 826,500	0	0		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes Rate \_\_\_\_\_ Base \_\_\_\_\_ Amount \_\_\_\_\_  No

**16** Authorizations  
 Delegated Review  
 Authorized Agency Representative (Type or Print) Richard W. Lorang  
 Signature [Signature]  
 Title if other than Agency Secretary Acting Secretary  
 Date 6-22-95

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst: [Signature] Phone 6-8219 SAI Number WI950627-1911-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 6-27-95  
 Signature [Signature] Date 6/28/95 Date Due 7-11-95

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

July 13, 1995

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

Compliance Field Testing of Diagnostic  
X-ray Inspection, State Application  
Identifier Number WI950512-128-N00000XX

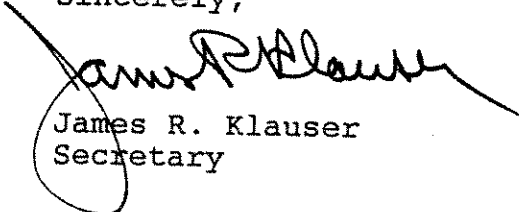
Dear Acting Secretary Lorang:

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

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

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

Sincerely,

  
James R. Klauser  
Secretary

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

H-753-1

Department of Administration  
DOA-7020(R12/92)

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

<b>1</b> Applicant Agency Department of Health & Social Services		<b>2</b> CFDA # _____	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 1414 E. Washington Ave., Room 96 Madison WI 53703 Contact Person _____ Phone _____		<b>5</b> Federal Agency to Receive Request Department of Health & Human Services	
		<b>6</b> Period of Funding Mo/Day/Year July 1, 1995 June 30, 1996	<b>7</b> Application Due Date Mo/Day/Year JBC
<b>8</b> Agency Project Title Compliance Field Testing of Diagnostic X-ray Inspection		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ <i>No CFDA #</i>	
<b>11</b> 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	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other <i>contract</i>	<b>10</b> Area of Impact Counties/States Statewide	
<b>13</b> Number of Years Previously Funded <u>20</u>		All	

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)																																																																																															
Total Federal Funds Applied For <u>\$21,814.00</u>																																																																																															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;">Appropriation</th> <th style="width: 12.5%;">Source</th> <th style="width: 12.5%;">Revenue Type</th> <th style="width: 12.5%;">Amount</th> <th style="width: 12.5%;">New Positions No. (FTE)</th> <th style="width: 12.5%;">Type</th> <th style="width: 12.5%;">Existing Positions No. (FTE)</th> <th style="width: 12.5%;">Type</th> </tr> </thead> <tbody> <tr> <td>149</td> <td>PRF</td> <td>Federal</td> <td>\$ 21,814.00</td> <td></td> <td></td> <td>.5</td> <td>Perm</td> </tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>								Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	149	PRF	Federal	\$ 21,814.00			.5	Perm				\$								\$								\$								\$								\$								\$								\$								\$								\$				
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																																																								
149	PRF	Federal	\$ 21,814.00			.5	Perm																																																																																								
			\$																																																																																												
			\$																																																																																												
			\$																																																																																												
			\$																																																																																												
			\$																																																																																												
			\$																																																																																												
			\$																																																																																												
			\$																																																																																												
			\$																																																																																												

**15** Indirect Cost Reimbursement  
 Yes Rate 13.2% Base \$9,646.00 Amount \$1,273  No

<b>16</b> 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 <u>5-5-95</u>

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst: <u>Jane Jabloner</u>	Phone: <u>7-9546</u>	SAI Number: <u>WI9505128-N</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received: <u>5-12-95</u>	<u>000</u>
Signature: <u>J. Jabloner</u>	Date: <u>7/13/95</u>	Date Due: <u>5-26-95</u>
		<u>0.0</u>

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

July 17, 1995

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

Refugee and Entrant Assistance  
(Microenterprise Development-Purpose 3),  
State Application Identifier Number  
WI950627-192-N93576XX

Dear Acting Secretary Lorang:

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

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

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

Sincerely,

A handwritten signature in cursive script that reads "James R. Klauser". The signature is written in dark ink and is positioned above the typed name and title.

James R. Klauser  
Secretary

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM**

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

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7968  
Madison, WI 53707-7968  
Telephone 608/267-2125

*Refugee & Entrant Assistance*

<b>1</b> Applicant Agency Department of Health and Social Services		<b>2</b> CFDA # <u>93-576</u>		<b>3</b> Agency I.D. (Optional)																																																																																									
<b>4</b> Address (Street/City/State/Zip) Div. of Economic Support 1 W. Wilson Street, P.O. Box 7935 Madison WI 53707-7935 Contact Person Susan G. Levy Phone 266-0578		<b>5</b> Federal Agency to Receive Request Department of Health & Human Services		<b>6</b> Period of Funding Mo/Day/Year <u>9/30/95</u> <u>9/29/98</u>																																																																																									
<b>7</b> Application Due Date Mo/Day/Year 6/26/1995		<b>8</b> Agency Project Title Microenterprise Development (Purpose 3)		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No</u> <u>WI</u> <u>ED</u> All																																																																																									
<b>10</b> Area of Impact Counties/States Statewide		<b>11</b> 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		<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other																																																																																									
<b>13</b> Number of Years Previously Funded <u>0</u>		<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$300,000 - 1st year</u>																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">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>446</td> <td>Federal</td> <td>PR-F</td> <td>\$ 300,000</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> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	446	Federal	PR-F	\$ 300,000								\$								\$								\$								\$								\$								\$								\$								\$								\$								
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																																																						
446	Federal	PR-F	\$ 300,000																																																																																										
			\$																																																																																										
			\$																																																																																										
			\$																																																																																										
			\$																																																																																										
			\$																																																																																										
			\$																																																																																										
			\$																																																																																										
			\$																																																																																										
			\$																																																																																										
<b>15</b> Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No		<b>16</b> Authorizations <input type="checkbox"/> Delegated Review																																																																																											
		Authorized Agency Representative (Type or Print) Richard W. Lorang		Title if other than Agency Secretary Acting Secretary																																																																																									
		Signature <i>Richard W. Lorang</i>		Date 6-21-95																																																																																									
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>																																																																																													
Reviewing Analyst <i>Jennifer Sajna</i> Phone <u>6-8819</u>		SAI Number <u>WI95607-192</u>		<u>N93</u>																																																																																									
Recommendation: <input checked="" type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>6-27-95</u>		<u>596</u>																																																																																									
Signature <i>Ann S. Seim</i> Date <u>6/28/95</u>		Date Due <u>7-11-95</u>		<u>XX</u>																																																																																									

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

July 13, 1995

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

Coop Agreements for State-Based  
Diabetes Control Program (A Health  
Systems Approach), State Application  
Identifier Number WI950419-092-N93988XX

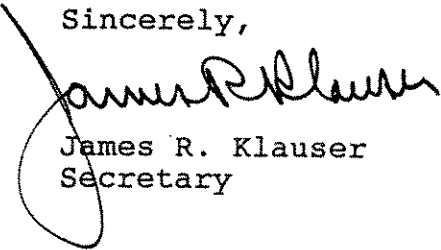
Dear Acting Secretary Lorang:

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

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

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

Sincerely,

  
James R. Klauser  
Secretary



**WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM**

H-750-1

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

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

*Control Program - - -  
Coop Agreements for State-Based Diabetes*

1 Applicant Agency Division of Health Bureau of Public Health		2 CFDA # <u>93.048</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) One West Wilson Street P.O. Box 309, Madison, WI 53701-0300 Contact Person Patrick Remington, M. Phone 267-3835		5 Federal Agency to Receive Request CDC/ Public Health Service <i>ABC</i>	
6 Agency Project Title State-Based Programs to Reduce the Burden of Diabetes: A Health Systems Approach		8 Period of Funding Mo/Day/Year <u>07/01/95</u> <u>06/30/96</u>	7 Application Due Date Mo/Day/Year 4/14/95
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded <u>One</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI EO</u> _____ All	
10 Area of Impact Counties/States <u>Statewide</u>			

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

Total Federal Funds Applied For \$446,408 (\$226,408 Yr 2; \$220,000 Yr 1 Carryover)

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PR F	\$ 446,408	1.00	Project	4.00	Permanent
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 13.2% Base \$167,800 Amount \$22,150  No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u>	Title if other than Agency Secretary <u>Acting Secretary</u>
	Signature <i>Richard W. Lorang</i>	Date <u>4-13-95</u>

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Due Jablonsky</u> Phone <u>7-9546</u>	SAI Number <u>WI950419-0927</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>4-19-95</u>
Signature <u>S. Jablonsky</u> Date <u>7/13/95</u>	Date Due <u>5-3-95</u>

93988  
✓

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

July 12, 1995

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

Professional Development, Technical  
Issues and Accommodations for All  
Students, State Application  
Identifier Number WI950609-157-N84279XX

Dear Superintendent Benson:

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

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

Sincerely,

A handwritten signature in cursive script that reads "James R. Klauser".

James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

<b>1</b> Applicant Agency Department of Public Instruction	<b>2</b> CFDA # <u>84 • 279</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 125 S. Webster Street P.O. Box 7841, Madison, WI 53707-7841 Contact Person Susan Ketchum Phone (608) 267-0425	<b>5</b> Federal Agency to Receive Request US Department of Education	
	<b>6</b> Period of Funding Mo/Day/Year	<b>7</b> Application Due Date Mo/Day/Year 6/5/95
<b>8</b> Agency Project Title <i>Professional Development, Technical Issues, &amp; Accommodations for All Students</i>	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified: <i>Not in Fed</i> Dates: <i>Both no state list</i>	
<b>11</b> 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	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States Statewide
<b>13</b> Number of Years Previously Funded _____		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$500,000</u>							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>141</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 500,000</u>	<u>4.0</u>	<u>Project</u>		
<u>1012141</u>	<u>GPR &amp; Fed.</u>	<u>GPR &amp; PR-F</u>	<u>\$ 2,384,640</u>			<u>4</u>	<u>Perm</u>
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes Rate 6% Base 382,481 Amount 22,949  No

**16** Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>John T. Benson</u> Signature <i>John T. Benson</i>	Title if other than Agency Secretary <u>State Superintendent</u> Date <u>6/5/95</u>
---	---	--

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Rob Crane Phone 6-1923 SAI Number WI950609-157-  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 6-9-95  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due 6-23-95

COMMENTS:

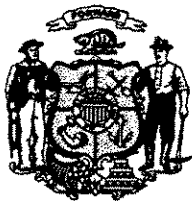
N84  
279  
XX

Comments Continued on Reverse or on a Separate Sheet

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

July 13, 1995

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

Air Pollution Control Program Support  
(MTBE Surveillance and Evaluation),  
State Application Identifier Number  
WI950412-085-N66001YY

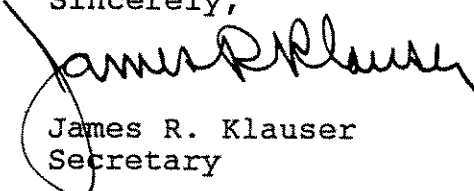
Dear Acting Secretary Lorang:

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

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

Federal-State Relations Office  
101 S. Webster St., 8th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

H-746-1

Air Pollution Control Program Support

<b>1 Applicant Agency</b> WI Dept of Health & Social Services		<b>2</b> CFDA # <u>66.001</u>	
<b>4 Address (Street/City/State/Zip)</b> 1 West Wilson Street Post Office Box 309 Madison WI 53701-0309 Contact Person William Otto Phone 6-9337		<b>5 Federal Agency to Receive Request</b> Environmental Protection Agency (EPA)	
<b>8 Agency Project Title</b> *MTBE Surveillance and Evaluation *(Methyl Tert-Butyl Ether)		<b>6 Period of Funding, Mo/Day/Year</b> 02/01/95 06/30/95	<b>7 Application Due Date</b> Mo/Day/Year
<b>11 Type of Application</b> <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12 Type of Assistance</b> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>9 Executive Order 12372 Review Required</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates _____ needs WI _____ EO _____ All	
<b>13 Number of Years Previously Funded</b> None		<b>10 Area of Impact</b> Counties/States Milwaukee and 6 surrounding counties. Southeast WI	

SEWR

<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b> Total Federal Funds Applied For <u>\$100,618</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PR-F	\$100,618				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15 Indirect Cost Reimbursement**  
 Yes Rate \_\_\_\_\_ Base \_\_\_\_\_ Amount \_\_\_\_\_  No

<b>16 Authorizations</b> <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature 	Title if other than Agency Secretary Acting Secretary Date 3-21-95
---	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: <u>Sue Jablonsky</u> Phone _____	SAI Number <u>WI950412-085-N</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>4-12-95</u>
Date <u>7/12/95</u>	Date Due <u>4-26-95</u>

(6000)

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

July 17, 1995

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

Multistate Aquatic Resource  
Information System, State  
Application Identifier Number  
WI950629-194-N15977XX

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,

A handwritten signature in cursive script that reads "James R. Klauser".

James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

<b>1</b> Applicant Agency Wisconsin Dept. of Natural Resources	<b>2</b> CFDA # <u>15 • 977</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) P.O. Box 7921 Madison, WI 53707 Contact Person T. Douglas Beard, Jr. Phone 608/267-9427	<b>5</b> Federal Agency to Receive Request National Biological Service	
	<b>6</b> Period of Funding Mo/Day/Year <u>5/1/95</u> <u>4/30/96</u>	<b>7</b> Application Due Date Mo/Day/Year <u>3/22/95</u>
<b>8</b> Agency Project Title Multistate Aquatic Resource Information System	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified    Dates <i>Not in Fed Book nor State List</i>	
<b>11</b> 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	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States Statewide
<b>13</b> Number of Years Previously Funded _____		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For _____							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
181	Federal	PR-FFR	\$ 44,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes    Rate \_\_\_\_\_    Base \_\_\_\_\_    Amount \_\_\_\_\_     No

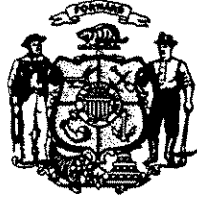
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <b>DARRELL BAZZELL, ADMIN.</b> Signature _____	Title if other than Agency Secretary <b>OFFICE OF PLANNING + ANALYSIS</b> Date <u>6-23-95</u>
---	---	--

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Russ Rasmussen</u> Phone _____	SAI Number <u>WI950629-194-NIS</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>6-29-95</u>	977
Signature <u>Russ Rasmussen</u> Date <u>7/14/95</u>	Date Due <u>7-13-95</u>	XX

COMMENTS:

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



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

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

June 29, 1995

Jude Morse, Executive Director  
Child Abuse and Neglect Prevention Board  
Children's Trust Fund  
110 East Main Street, #614  
Madison, WI 53703-3316

Community Based Family Resource  
Program, State Application  
Identifier Number WI950613-160-N00000XX

Dear Ms. Morse:

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

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

Sincerely,

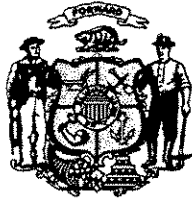
A handwritten signature in cursive script, appearing to read "James R. Klauser".

James R. Klauser  
Secretary

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







TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

June 30, 1995

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

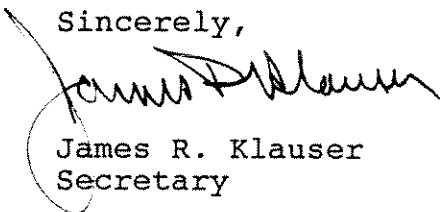
Criminal Justice Record  
Improvement Program, State  
Application Identifier  
Number WI950629-195-N16554XX

Dear Mr. Sell:

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

<b>1</b> Applicant Agency Wisconsin Office of Justice Assistance	<b>2</b> CFDA # <u>16 • 554</u>	<b>3</b> Agency I.D. (Optional)			
<b>4</b> Address (Street/City/State/Zip) 222 State Street, Second Floor Madison, WI 53702-0001 Contact Person Stephen Grohmann Phone 266-7185	<b>5</b> Federal Agency to Receive Request U.S. Department of Justice				
	<b>6</b> Period of Funding Mo/Day/Year <u>01/01/96</u> <u>12/31/98</u>	<b>7</b> Application Due Date Mo/Day/Year 06/30/95			
<b>8</b> Agency Project Title Criminal Justice Record Improvement Program	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates WI Dept. of Administration <u>6-27-95</u> <u>Notation</u> <u>All Fed Book</u>				
<b>11</b> 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	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States Statewide			
<b>13</b> Number of Years Previously Funded <u>0</u>					
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,905,000</u>					
New State List					
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)
647	Federal	PRF	\$1,905,000	None	
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
<b>15</b> Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No					
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Steven D. Sell		Title if other than Agency Secretary Executive Director	
		Signature Steven D. Sell		Date 06/26/95	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst <u>Mike Heitz</u> Phone <u>7-0370</u>		SAI Number <u>WI950629-195-N</u>		Date Received <u>6-29-95</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Michael Huff</u> Date <u>6-29-95</u>		Date Due <u>6-30-95</u>	

16  
554

# 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 &amp; Human Relations</p>	<p>2 CFDA # 1 7 . 2 2 5</p>	<p>3 Agency I.D. (Optional) FY96 PBP</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 10/01/95- 09/30/96</p>	<p>7 Application Due Date Mo/Day/Year 07/15/95</p>																																																																																												
<p>8 Agency Project Title <b>UI GRANTS</b> <i>Unemployment Insurance</i></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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other</p>	<p>10 Area of Impact Counties/States Statewide</p>																																																																																												
<p>13 Number of Years Previously Funded 59</p>		All																																																																																												
<p>14 Funding, Allotment and Position Data (including Federal indirect costs)</p> <p>Total Federal Funds Applied For</p> <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>151</td> <td>FEDERAL</td> <td>PR-F</td> <td>\$ 38,893,884</td> <td></td> <td></td> <td>485.27</td> <td>Perm.</td> </tr> <tr> <td>153</td> <td>INDIRECT</td> <td>PR-F</td> <td>\$ 135,829</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>251</td> <td>FEDERAL</td> <td>PR-F</td> <td>\$ 1,616,446</td> <td></td> <td></td> <td>20.50</td> <td>Perm.</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <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	151	FEDERAL	PR-F	\$ 38,893,884			485.27	Perm.	153	INDIRECT	PR-F	\$ 135,829					251	FEDERAL	PR-F	\$ 1,616,446			20.50	Perm.				\$								\$								\$								\$								\$								\$								\$				
Appropriation	Source	Revenue Type					Amount	New Positions		Existing Positions																																																																																				
			No. (FTE)	Type	No. (FTE)	Type																																																																																								
151	FEDERAL	PR-F	\$ 38,893,884			485.27	Perm.																																																																																							
153	INDIRECT	PR-F	\$ 135,829																																																																																											
251	FEDERAL	PR-F	\$ 1,616,446			20.50	Perm.																																																																																							
			\$																																																																																											
			\$																																																																																											
			\$																																																																																											
			\$																																																																																											
			\$																																																																																											
			\$																																																																																											
			\$																																																																																											
<p>15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate .0075 Base \$18,110,586 Amount \$135,829 <input type="checkbox"/> No</p>																																																																																														
<p>16 Authorizations <input checked="" type="checkbox"/> Delegated Review</p>		<p>Authorized Agency Representative (Type or Print) Bill Weber Signature <i>Bill Weber</i> Date <i>July 12, 1995</i></p>																																																																																												

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Orlando Cantor Phone 608-1103 SAI Number WI950721-812  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 8-21-95  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due Del

COMMENTS: \_\_\_\_\_

17  
225  
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

July 20, 1995

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

Comprehensive School Health Program  
to Prevent Important Health Problems  
(and Improve Educational Outcomes),  
State Application Identifier Number  
WI950629-198-N93938XX

Dear Superintendent Benson:

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

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

Sincerely,

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

James R. Klauser  
Secretary

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

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

1 Applicant Agency WI Dept of Public Instruction			2 CFDA # <u>93 • 938</u>		3 Agency I.D. (Optional)						
4 Address (Street/City/State/Zip) 125 S Webster Street, P.O. Box 7841 Madison, WI 53707-7841 Contact Person Douglas White Phone (608) 266-5198			5 Federal Agency to Receive Request Centers for Disease Control			7 Application Due Date Mo/Day/Year 7-3-95					
8 Agency Project Title Comprehensive School Health Programs to Prevent Important Health Problems and Improve Educational Outcomes			9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO USE</u> <u>ED</u> All		10 Area of Impact Counties/States Statewide						
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input 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 <u>3 years</u>							
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>797,860</u>											
Numeric Appropriation		Source		Revenue Type		Amount		New Positions No. (FTE) Type		Existing Positions No. (FTE) Type	
141		Federal		PR-F		\$				5.37 Perm, Proj LTE	
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					

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

July 20, 1995

Joseph L. Davis, Executive Director  
Educational Approval Board  
310 Price Place  
PO Box 7874  
Madison, WI 53707

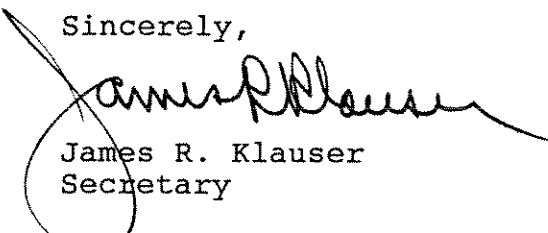
State Approving Agency Reimbursement  
Contract, State Application Identifier  
Number WI950717-199-N00000XX

Dear Mr. Davis:

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

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

Sincerely,

  
James R. Klauser  
Secretary

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





# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-765-1

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

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

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

<b>1</b> Applicant Agency DH&SS/Division of Health		<b>2</b> CFDA # <u>93 • 283</u>																																																																																					
<b>4</b> Address (Street/City/State/Zip) Center for Health Statistics 1 W. Wilson, Room 172, Madison, WI Contact Person Mary Erikson Phone 266-1644		<b>5</b> Federal Agency to Receive Request Centers for Disease Control																																																																																					
<b>8</b> Agency Project Title National Program of Cancer Registries		<b>6</b> Period of Funding Mo/Day/Year <u>10-1-05</u> <u>09-30-96</u>	<b>7</b> Application Due Date Mo/Day/Year 6-30-95																																																																																				
<b>11</b> 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		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates NO WI EO All	<b>10</b> Area of Impact Counties/States All Counties																																																																																				
<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____ one		<b>13</b> Number of Years Previously Funded _____																																																																																					
<b>14</b> Funding, Allotment and Position Data (Including Federal indirect costs) Total Federal Funds Applied For \$ 198,165																																																																																							
<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>149</td> <td>Federal</td> <td>PR-F</td> <td>\$ 198,165</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	149	Federal	PR-F	\$ 198,165								\$								\$								\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																																													
				No. (FTE)	Type	No. (FTE)	Type																																																																																
149	Federal	PR-F	\$ 198,165																																																																																				
			\$																																																																																				
			\$																																																																																				
			\$																																																																																				
			\$																																																																																				
			\$																																																																																				
			\$																																																																																				
			\$																																																																																				
			\$																																																																																				
<b>15</b> Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No																																																																																							
<b>16</b> Authorizations  <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard Lorang Title if other than Agency Secretary Acting Secretary Date 6-27-95 Signature <i>Richard Lorang</i>																																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																							
Reviewing Analyst <i>Due Jablonsky</i> Phone <i>7-9546</i> Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature _____ Date _____		SAI Number <i>WI95072815-N</i> Date Received <i>7-21-95</i> Date Due <i>Del.</i>																																																																																					
COMMENTS:																																																																																							
<input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet																																																																																							

93  
283  
XX

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

H-711-1  
Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

Maternal & Child Health Programs  
Fed. Consolidated

1 Applicant Agency DHSS, DIVISION OF HEALTH		2 CFDA # <u>53.110</u> <u>92.283</u>		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 1414 EAST WASHINGTON AVENUE ROOM 167 MADISON, WI 53703-3044 Contact Person C. CANTLON / S. BULGRIN Phone 608 267-9300 608 267-9069		5 Federal Agency to Receive Request FEDERAL MCH		7 Application Due Date Mo/Day/Year 07/14/95	
8 Agency Project Title STATE SYSTEMS DEVELOPMENT INITIATIVE		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		10 Area of Impact Counties/States WI 1-9 (ALL COUNTIES)	
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>2</u>					

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

15 Indirect Cost Reimbursement  
 Yes Rate \_\_\_\_\_ Base \_\_\_\_\_ Amount \_\_\_\_\_  No

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

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Ane Jabonsky Phone 7-9546 SAI Number WI950021-214-N

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

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due 9/2

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

93  
110  
X7

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

July 25, 1995

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

State Public Water System Supervision  
FY96, State Application Identifier  
Number WI950623-183-N66432XX

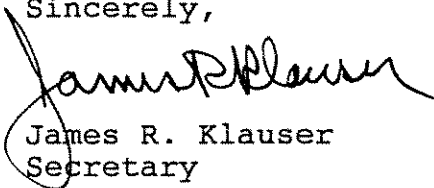
Dear Mr. Bazzell:

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

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

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

Sincerely,

  
James R. Klauser  
Secretary

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

## WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

<b>1</b> Applicant Agency Department of Natural Resources		<b>2</b> CFDA# 66-432		<b>3</b> Agency I.D. (Optional) 584																																																																					
<b>4</b> Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921  Contact Person James McLimans - WS/2 Phone (608)266-2726		<b>5</b> Federal Agency to Receive Request U. S. EPA Region V		<b>6</b> Period of Funding Mo/Day/Year 10/1/95 9/30/96																																																																					
<b>7</b> Application Due Date Mo/Day/Year 8/1/95		<b>8</b> Agency Project Title <i>State</i> FY 96 Public Water System Supervision Program		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>needs</i> <i>WT</i> <i>ES</i>																																																																					
<b>10</b> Area of Impact Counties/States Statewide		<b>11</b> 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		<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other:																																																																					
<b>13</b> Number of Years previously funded: 19		X <i>6/21/95</i> All																																																																							
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)  Total Federal Funds Applied For \$3,470,700																																																																									
<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>\$2,916,037</td> <td></td> <td></td> <td>34.532</td> <td>Perm</td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>\$1,860,671</td> <td></td> <td></td> <td>35.068</td> <td>Perm</td> </tr> <tr> <td>846</td> <td>Federal</td> <td>Indirect</td> <td>\$554,663</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$353,876</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">\$</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	\$2,916,037			34.532	Perm	201	State	GPR	\$1,860,671			35.068	Perm	846	Federal	Indirect	\$554,663					801	State	GPR	\$353,876								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions						Existing Positions																																																															
				No. (FTE)	Type	No. (FTE)	Type																																																																		
241	Federal	PR-F	\$2,916,037			34.532	Perm																																																																		
201	State	GPR	\$1,860,671			35.068	Perm																																																																		
846	Federal	Indirect	\$554,663																																																																						
801	State	GPR	\$353,876																																																																						
			\$																																																																						
			\$																																																																						
			\$																																																																						
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <i>23.28%</i> Base \$3,902,658 Amount <i>908,539</i> <input type="checkbox"/> No																																																																									
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrel L. Bazzell  Signature <i>Darrel L. Bazzell</i>		Title if other than Agency Secretary Administrator - OPA  Date <i>6/20/95</i>																																																																					
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																									
Reviewing Analyst <i>Russell Kasmussen</i> Phone <i>6-7329</i>		SAI Number <i>WT950623-183-N6</i>		Date Received <i>6-23-95</i> <i>432x</i>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date <i>6/28/95</i>		Date Due <i>7-7-95</i>																																																																					
Signature <i>Russell Kasmussen</i>																																																																									