

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_pt90

➤ 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

May 24, 1995

Mr. Jim Johnson, Administrator
Division of State Agency Services
Department of Administration
PO Box 7867
Madison, WI 53707-7867

Solid Waste Management Assistance
(Analytical Testing of Refined Motor
Oil), State Application Identifier
Number WI950510-127-N66808XX


Dear Mr. Johnson:

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.

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

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

Sincerely,


James R. Klauser
Secretary

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

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
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

Solid Waste Management Asset

1 Applicant Agency <i>ADMINISTRATION, DEPT. OF</i>	2 CFDA # <i>66-808</i>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) <i>DIV. OF STATE AGENCY SERVICES 101 E. WILSON P.O. BOX 7867, MADISON 53707-7867</i> Contact Person <i>DAN WEHRMAN</i> Phone <i>267-6922</i>	5 Federal Agency to Receive Request <i>U.S. EPA</i>	
8 Agency Project Title <i>ANALYTICAL TESTING OF REFINED MOTOR OIL</i>	6 Period of Funding Mo/Day/Year <i>6-1-95</i> <i>11-1-95</i>	7 Application Due Date Mo/Day/Year <i>5-26-95</i>
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>None WI</i> <i>EO</i>
10 Area of Impact Counties/States <i>WIS.</i>		
13 Number of Years Previously Funded <i>NA</i>		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <i>\$12,766</i>							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<i>101</i>	<i>FEDERAL</i>	<i>PR-F</i>	<i>\$12,766</i>		<i>(NONE)</i>		
<i>101</i>	<i>STATE</i>	<i>GAR</i>	<i>\$ 672</i>		<i>LTE</i>		
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <i>JIM JOHNSON</i> Signature <i>(see memo)</i>	Title if other than Agency Secretary <i>ADMINISTRATOR</i> Date <i>5-5-95</i>
---	--	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Mike Heitz</i>	Phone <i>7-0370</i>	SAI Number <i>WI950510-127-N66</i>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>5-10-95</i>	<i>808</i>
Signature <i>Michael Heitz</i>	Date <i>5-12-95</i>	Date Due <i>5-24-95</i>

808
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

May 3, 1995

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

Water Pollution Control-Lake Restoration
Coop Agreements (Phase 1 Fox Lake Diagnostic
and Feasibility Study), State Application
Identifier Number WI950320-062-N66435XX

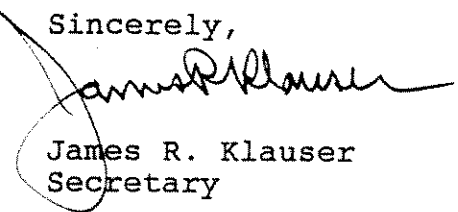
Dear Mr. Bazzell:

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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

*Restoration Coop Agreement
Water Pollution Control - Lake*

1 Applicant Agency Department of Natural Resources		2 CFDA# 66-435		3 Agency I.D. (Optional) 548																																																																					
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 04/01/95 03/31/97		7 Application Due Date Mo/Day/Year 04/01/95																																																																					
8 Agency Project Title Phase I Fox Lake Diagnostic & Feasibility Study		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>needs WI</i>		10 Area of Impact Counties/States Statewide Dodge County																																																																					
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																																							
13 Number of Years previously funded: 0		All: 3/15/95																																																																							
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Total Federal Funds Applied For \$50,000																																																																									
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16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell		Title if other than Agency Secretary Administrator - OPA																																																																					
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																									
Reviewing Analyst <i>Russ Rasmussen</i>		Phone <i>6-7329</i>		SAI Number <i>WI 95020-063-7166</i>																																																																					
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <i>3-20-95</i>		<i>435X</i>																																																																					
Signature <i>Russell Rasmussen</i>		Date <i>4/4/95</i>		Date Due <i>4-1-95</i>																																																																					
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

May 3, 1995

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

Water Pollution Control-Lake Restoration
Coop Agreements (Lake Water Quality
Assessment), State Application Identifier
Number WI950310-052-N66435XX

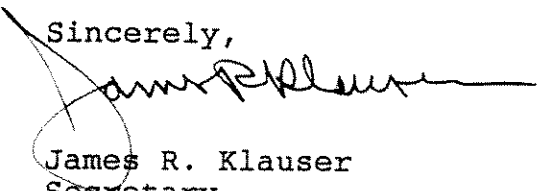
Dear Mr. Bazzell:

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.

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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 - Lake Restoration
Coop Agreement

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.435	3 Agency I.D. (Optional) 543
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 10/01/96 09/30/97	7 Application Due Date Mo/Day/Year 04/01/95
8 Agency Project Title Lake Water Quality Assessment		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>h o o d s</i> <i>W T</i> <i>E O</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 checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		
13 Number of Years previously funded: 6.5			

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

Total Federal Funds Applied For 50,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
241	Federal	PR-F	\$45,634			1.0	Perm
846	Federal	PR-F	\$4,366				
265	State	SEG	\$45,633				
801	State	GPR	\$4,367				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 23.28% Base \$37,515 Amount \$8,733 No

16 Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Darrell L. Bazeil	Title if other than Agency Secretary Administrator - OPA
	Signature <i>Darrell Bazeil</i>	Date 3/6/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Russ Rasmussen Phone 6-7329 SAI Number WIS0310-052-N

Recommendation: Approve Approve With Conditions Deny Date Received 3-6-95

Signature: Russell Rasmussen Date 3/29/95 Date Due 3-24-95

COMMENTS:

66435
✓✓

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

May 3, 1995

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

Water Pollution Control-Lake Restoration Coop
Agreements (Waupaca Chain of Lakes Diagnostic &
Feasibility Study), State Application Identifier
Number WI950320-061-N66435YY

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.

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Secretary

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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

*Restoration Coop Agreements
Water Pollution Control - Lake*

1 Applicant Agency Department of Natural Resources				2 CFDA# 66.435		3 Agency I.D. (Optional) 547																																																													
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Ed Boebel Phone 608/266-9252				5 Federal Agency to Receive Request U.S. Environmental Protection Agency																																																															
8 Agency Project Title Waupaca Chain of Lakes Diagnostic & Feasibility Study				6 Period of Funding Mo/Day/Year 04/01/95 03/31/97		7 Application Due Date Mo/Day/Year 04/01/95																																																													
9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10 Area of Impact Counties/States Waupaca County and Surrounding Area		Clearinghouses: Notified Dates East Central <i>WI</i> <i>EO</i> All <i>3/15/95</i>																																																															
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:																																																																	
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Signature <u>Russ Rasmussen</u> Date <u>4/4/95</u>				Date Due <u>4-1-95</u>																																																															
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*66435
44*

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

May 3, 1995

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

Water Pollution Control-Lake Restoration
Coop Agreements (Wind Lake Phase II
Implementation), State Application
Identifier Number WI950320-059-N66435XX


Dear Mr. Bazzell:

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

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P.O. Box 7868
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Telephone (608) 267-2125

Restoration Coop Agreements
Water Pollution Control - Lake

1 Applicant Agency Department of Natural Resources				2 CFDA# 66-435		3 Agency I.D. (Optional) 546	
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 04/01/95 03/31/96		7 Application Due Date Mo/Day/Year 04/01/95	
8 Agency Project Title Wind Lake Phase II Implementation				9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified <i>heads WI E</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: 2 All: 3/15/95			
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 23.28% Base \$37,515 Amount \$8,733 <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 3/14/95			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst: <i>Russel Rasmussen</i>		Phone: <i>608-267-329</i>		SAI Number: <i>WI950320-059-N</i>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature: <i>Russel Rasmussen</i>		Date: <i>4/4/95</i>		Date Received: <i>3-20-95</i> Date Due: <i>4-1-95</i>	
						6643E 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

May 10, 1995

Dean Amhaus, Executive Director
Wisconsin Arts Board
101 E. Wilson Street, 1st Floor
Madison, WI 53702

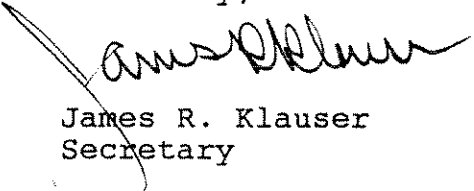
Promotion of the Arts-Dance
(Nederlands Dans Theater/
Wisconsin Dance on Tour),
State Application Identifier
Number WI950505-120-N45002XX

Dear Mr. Amhaus:

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
DA-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

Promotion of the Arts - Dance

1 Applicant Agency Wisconsin Arts Board		2 CFDA # <u>45-002</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) First Floor Madison, WI 53702 Contact Person George T. Tzougros Phone 267-2006		5 Federal Agency to Receive Request National Endowment for the Arts	
		6 Period of Funding, Mo/Day/Year <u>6/1/96</u> <u>5/31/97</u>	7 Application Due Date Mo/Day/Year 5/01/95
8 Agency Project Title Nederlands Dans Theater Wisconsin Dance on Tour		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>None required.</u> <u>no</u> <u>EO</u>	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		
13 Number of Years Previously Funded _____		10 Area of Impact Counties/States <u>statewide</u>	

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

Total Federal Funds Applied For \$50,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
ES8	Federal	PR-F	\$ 50,000	0		0	
DG8	State	GPR	\$ 50,000	0		0	
EQ4	Federal	PR-F	\$ 3,000	0		1	Perm
	Other	Contributions	\$177,000				
		In-Kind	\$ 5,000				
			\$				
			\$				
			\$				

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

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) George T. Tzougros	Title if other than Agency Secretary Program Manager
	Signature <i>[Signature]</i>	Date 5/1/95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Brian Pahnke Phone 4-8259 SAI Number WI950505-100N

Recommendation: Approve Approve With Conditions Deny Date Received 5-5-95 *4500*

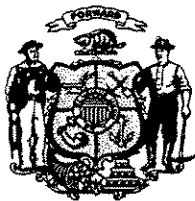
Signature [Signature] Date 5/8/95 Date Due 5-19-95 *XX*

COMMENTS _____

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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY



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

May 10, 1995

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

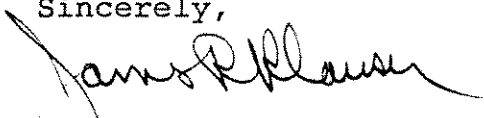
Water Pollution Control-Research,
Development and Demonstration
(Fox River Sediment Design), State
Application Identifier Number
WI950505-121-N66505YY

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

Demol. Water Pollution Control - Pos. Dev. ✓

1 Applicant Agency Department of Natural Resources			2 CFDA# 66-505		3 Agency I.D. (Optional) 573		
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921			5 Federal Agency to Receive Request U.S. Environmental Protection Agency				
Contact Person Ed Boebel Phone 608/266-9252			6 Period of Funding Mo/Day/Year 07-01-95 09-30-97		7 Application Due Date Mo/Day/Year 06-01-95		
8 Agency Project Title Fox River Sediment Design			9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10 Area of Impact Counties/States Lower Fox River - Green Bay		
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>Brown Co 5/1/95</i> <i>NO</i>			
13 Number of Years previously funded:			X All <i>WI</i>				
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For \$100,000							
Numeric Appropriation Source Revenue Type Amount				New Positions No. (FTE) Type		Existing Positions No. (FTE) Type	
241	Federal	PR-F	\$100,000				
214	State	GPR	\$5,265				
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base \$0 Amount \$0 <input checked="" type="checkbox"/> No							
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>			Title if other than Agency Secretary Administrator - OPA Date <i>4/27/95</i>		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>Russ Rasmussen</i> Phone <i>608-7329</i>			SAI Number <i>WI950505-121-N</i>				
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny			Date Received <i>5-5-95</i>				
Signature <i>Russ Rasmussen</i> Date <i>5/9/95</i>			Date Due <i>5-19-95</i>				

*66
505
YU*

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

May 3, 1995

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

Plant and Animal Disease, Pest
Control and Animal Care (Gypsy
Moth Eradication Project-1995),
State Application Identifier
Number WI950420-099-N10025ZZ

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

Animal Care Budget
Plant - Animal Disease, Pest Control &

1 Applicant Agency <i>WI Dept. of Agriculture, Trade & Consumer Protection</i>		2 CFDA # <u>10-025</u>	
3 Agency I.D. (Optional)		5 Federal Agency to Receive Request <i>Animal Plant Health Inspection Service</i>	
4 Address (Street/City/State/Zip) <i>2811 Agriculture Drive Madison, WI 53708-8911 Contact Person Barb Stalker Phone 224-4660</i>		6 Period of Funding Mo/Day/Year <u>1-1-95</u> <u>12-31-95</u>	7 Application Due Date Mo/Day/Year <u>N/A</u>
8 Agency Project Title <i>Gypsy Moth Eradication Project - 1995</i>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no WI EO</i>	10 Area of Impact Counties/States <u>Southern and Western Counties</u>
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		
13 Number of Years Previously Funded <u>6+</u>			

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$ 28,291

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<u>1G</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 24,435</u>				
			<u>\$</u>				
<u>4K</u>	<u>Federal</u>	<u>PR-F</u>	<u>\$ 3,856</u>		<u>(Indirect)</u>		
			<u>\$</u>				
<u>12</u>	<u>State</u>	<u>Seg</u>	<u>\$ 29,435</u>		<u>(Match)</u>		
			<u>\$</u>				
			<u>\$</u>				
		TOTAL	\$ 57,726				

15 Indirect Cost Reimbursement
 Yes Rate 21.94% Base 17,575. Amount 3,856 No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <i>Elizabeth Kohl</i>	Title if other than Agency Secretary <i>Deputy Secretary</i>
	Signature <i>Elizabeth Kohl</i>	Date <i>4-10-95</i>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Judy Jugerheimer Phone 608-7591 SAI Number WI950400-099-N

Recommendation: Approve Approve With Conditions Deny Date Received 4-20-95

Signature J. Jugerheimer Date 25-April-95 Date Due 5-4-95

COMMENTS: PR 4-28-95

10025
2-2

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

May 3, 1995

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

Plant and Animal Disease, Pest
Control and Animal Care (Gypsy
Moth Eradication Project-1995),
State Application Identifier
Number WI950420-098-N10025ZZ

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

+ Animal Care Budget
Plant - Animal Disease Pest Control

1 Applicant Agency <i>WI Dept. of Agriculture, Trade & Consumer Protection</i>		2 CFDA # <i>10.025</i>	
3 Agency I.D. (Optional)		5 Federal Agency to Receive Request <i>APHIS</i>	
4 Address (Street/City/State/Zip) <i>2811 Agriculture Drive Madison, WI 53708-8911</i>		6 Period of Funding Mo/Day/Year <i>1/01/95</i>	7 Application Due Date Mo/Day/Year <i>12/31/95</i>
Contact Person <i>Barb Stalker</i> Phone <i>608-224-4660</i>		8 Agency Project Title <i>Gypsy Moth Eradication Project - 1995</i>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	
13 Number of Years Previously Funded _____		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>NO WI EC</i>	
14 Funding, Allotment and Position Data (including Federal indirect costs)		10 Area of Impact Counties/States <i>Western and Southern Counties</i>	

Total Federal Funds Applied For *\$ 55,957*

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
<i>1G</i>	<i>Federal</i>	<i>PR-F</i>	<i>\$ 48,600</i>				
<i>4K</i>	<i>Federal</i>	<i>PR-F</i>	<i>\$ 7,357</i>		<i>(Indirect)</i>		
<i>12</i>	<i>State</i>	<i>Seg.</i>	<i>\$ 96,000</i>				
			<i>\$</i>				
			<i>\$</i>				
		TOTAL	<i>\$ 151,957</i>				

15 Indirect Cost Reimbursement
 Yes Rate *21.94%* Base *33,534* Amount *7357* No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <i>Elizabeth Kohl</i>	Title if other than Agency Secretary <i>Deputy Secretary</i>
	Signature <i>Elizabeth Kohl</i>	Date <i>4-10-95</i>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Jacky Jugenheimer* Phone *6-7590* SAI Number *WI 950420-098-TV*

Recommendation: Approve Approve With Conditions Deny Date Received *4-20-95*

Signature *Russell Konrath* Date *4-29-95* Date Due *5-4-95*

COMMENTS:

10025
22

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

May 11, 1995

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

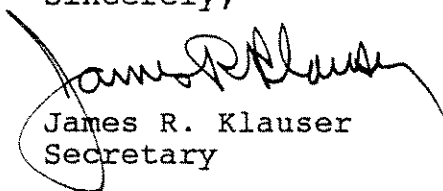
Clean Bay Backer Erosion
Awareness Project, State
Application Identifier Number
WI950510-124-N00000YY

Dear Mr. Bazzell:

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

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

Sincerely,


James R. Klauser
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

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

1 Applicant Agency Department of Natural Resources			2 CFDA#		3 Agency I.D. (Optional) 578																																																																	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Ed Boebel Phone 608/266-9252			5 Federal Agency to Receive Request Great Lakes Commission			6 Period of Funding Mo/Day/Year 04-01-95 03-31-96																																																																
8 Agency Project Title Clean Bay Backer Erosion Awareness Project			9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates		10 Area of Impact Counties/States Brown County																																																																	
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 <u>\$21,380</u>																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Appropriation</th> <th style="width: 15%;">Source</th> <th style="width: 15%;">Revenue Type</th> <th style="width: 15%;">Amount</th> <th style="width: 10%;">New Positions No. (FTE)</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Existing Positions No. (FTE)</th> <th style="width: 10%;">Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PR-F</td> <td>\$21,380</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Local-match</td> <td>in-kind</td> <td>\$17,680</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>State</td> <td>GPR</td> <td>390</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>90</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	241	Federal	PR-F	\$21,380						Local-match	in-kind	\$17,680					201	State	GPR	390					801	State	GPR	90																													15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28</u> Base <u>\$390</u> Amount <u>\$90</u> <input type="checkbox"/> No		
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																															
241	Federal	PR-F	\$21,380																																																																			
	Local-match	in-kind	\$17,680																																																																			
201	State	GPR	390																																																																			
801	State	GPR	90																																																																			
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrell L. Bazzell Signature <i>Darrell Bazzell</i>		Title if other than Agency Secretary Administrator - OPA Date <u>5/9/95</u>																																																																		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																						
Reviewing Analyst <u>Pace Schmiedicke</u> Phone <u>601-1040</u>		SAI Number <u>WE950510-DH-NCC</u>																																																																				
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>5-10-95</u>																																																																				
Signature <u>Russell K...</u> Date <u>5/10/95</u>		Date Due <u>5-24-95</u>																																																																				

000
44

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

May 3, 1995

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

Environmental Protection-Consolidated
Research (Cooperative Agreement on
International Effort/Amendment),
State Application Identifier Number
WI950424-105-66500

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

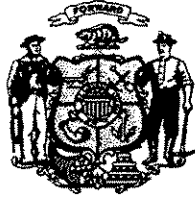
Department of Administration
Form DOA-7820 (R 5-88)
(Formerly FDA 50)

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

- Amendment - Research
Environmental Protection - Consolidated

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.500		3 Agency I.D. (Optional) 569																																																																	
4 Address (Street, City, State/Zip) 101 S. Webster St. Madison, WI 53707-7921 Contact Person Alan L. Czeshinski Phone 608 256-0160		5 Federal Agency to Receive Request U.S. Environmental Protection Agency		6 Period of Funding Mo./Day/Year 05/19/94 06/30 96																																																																	
7 Application Due Date Mo. Day/Year 05/15 95		8 Agency Project Title Cooperative Agreement on International Effort		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 N/A		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 type="checkbox"/> Discretionary Other: Cooperative Agreement																																																																	
13 Number of Years previously funded: 10 months		14 Funding, Allocation and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$150,000 <i>Fed. Funds Increased \$310</i>																																																																			
<table border="1"> <thead> <tr> <th>Numeric Appropriation</th> <th>Source</th> <th>Revenue Type</th> <th>Amount</th> <th>New Positions No. (FTE)</th> <th>Type</th> <th>Existing Positions No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Federal</td> <td>PR-F</td> <td>\$142,823</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>846</td> <td>Federal</td> <td>PR-F</td> <td>\$7,497</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>401</td> <td>State</td> <td>GPR</td> <td>\$6,418</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>801</td> <td>State</td> <td>GPR</td> <td>\$1,484</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	445	Federal	PR-F	\$142,823					846	Federal	PR-F	\$7,497					401	State	GPR	\$6,418					801	State	GPR	\$1,484								\$								\$								\$								
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 23.28% Base \$38,623 Amount \$8,991 <input type="checkbox"/> No		16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrel L. Bazzell Signature <i>Darrel Bazzell</i> Date 4/10/95																																																																	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																					
Reviewing Analyst <i>Shelley Moore</i>		Phone 6-7973		SNI Number <i>WI950424-105-N</i>																																																																	
Recommendation <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received 4-24-95		66																																																																	
Signature <i>Russell</i>		Date 4-28-95		Date Due 5-8-95																																																																	
500																																																																					
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

May 5, 1995

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

Primary Care Services
(Cooperative Agreement),
State Application Identifier
Number WI941212-382-N93130XX

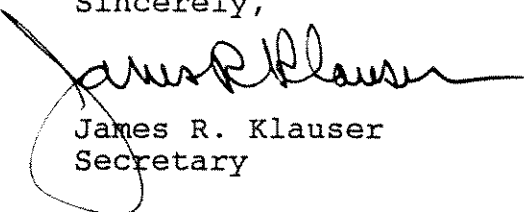
Dear Acting Secretary Lorang:

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

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 Office of Management & Policy	2 CFDA # <u>93.130</u>	3 Agency I.D. (Optional)																																																																																				
4 Address (Street/City/State/Zip) P.O. Box 1808 Madison, WI 53701-1808 Contact Person Richard C. Heinz Phone 608/267-7122	5 Federal Agency to Receive Request U.S. Public Health Service																																																																																					
	6 Period of Funding Mo/Day/Year <u>04/01/95</u> <u>03/31/96</u>	7 Application Due Date Mo/Day/Year <u>TPC</u>																																																																																				
8 Agency Project Title <u>Service</u> Primary Care/Cooperative Agreement	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO</u> <u>Required</u> All	10 Area of Impact Counties/States WI (All)																																																																																				
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 <u>more than seven</u>																																																																																					
13 Number of Years Previously Funded _____																																																																																						
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$110,811</u> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td align="center">149</td> <td align="center">Federal</td> <td align="center">PR</td> <td align="right">\$ 110,811</td> <td></td> <td></td> <td align="center">2.0</td> <td align="center">Perm</td> </tr> <tr><td> </td><td> </td><td> </td><td align="right">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td align="right">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td align="right">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td align="right">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td align="right">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td align="right">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td align="right">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td align="right">\$</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	\$ 110,811			2.0	Perm				\$								\$								\$								\$								\$								\$								\$								\$				
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>17.1%</u> Base _____ Amount _____ <input type="checkbox"/> No																																																																																						
16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard Lorang Signature <u>Richard Lorang</u>	Title if other than Agency Secretary Deputy Secretary Date <u>12-2-94</u>																																																																																				
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																						
Reviewing Analyst <u>She Jablonky</u> Phone <u>7-9546</u> SAI Number <u>1294210-382-1</u> Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date Received <u>12-2-94</u> <u>9530</u> Signature <u>Richard Lorang</u> Date <u>5/3/95</u> Date Due <u>12-23-94</u> <u>XX</u>																																																																																						

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

May 2, 1995

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

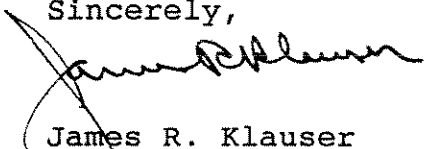
Even Start Migrant Education
(Chapter 1), State Application
Identifier Number WI950425-109-N84214XX

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 Wisconsin Department of Public Instruction		2 CFDA # <u>84 • 2 14A-4</u>	3 Agency I.D. (Optional)				
4 Address (Street/City/State/Zip) 125 South Webster Street, P.O. Box 7841 Madison, WI 53707-7841 Contact Person Myrna M. Toney Phone 608-266-2690		5 Federal Agency to Receive Request U.S. Department of Education					
		6 Period of Funding Mo/Day/Year <u>1/11/95 - 12/31/95</u> <u>1-1-96 to 12/31/96</u> <i>REC</i>	7 Application Due Date Mo/Day/Year <u>4/7/95</u>				
8 Agency Project Title <u>Chapter 1 Even Start migrant Education</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					
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 _____		10 Area of Impact Counties/States States of <u>Montana,</u> <u>Illinois,</u> <u>Wisconsin,</u> <u>Texas</u>					
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For _____							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
141	Federal	PR-F level funded	\$ 210,000			50 50.05	Proj. Perm. PA
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
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 <u>John T. Benson</u>		Title if other than Agency Secretary State Superintendent Date <u>4/7/95</u>			
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <u>Bob Chamer</u>		Phone <u>6-1923</u>		SAI Number <u>WI 950425-</u>		<u>109-N</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date <u>5-1-95</u>		Date Received <u>4/25/95</u>		<u>84214</u>	
Signature <u>Robert Chamer</u>		Date <u>5-1-95</u>		Date Due <u>5/9/95</u>		<u>XX</u>	
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

May 3, 1995

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

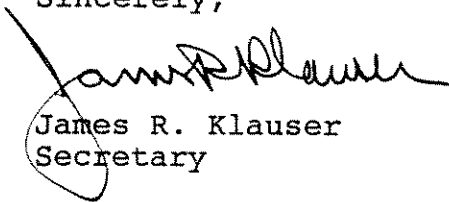
Water Pollution Control-Research
Development and Demonstration (Great
Lakes National Program Office Core
Funding), State Application
Identifier Number WI950420-100-N66505XX

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

Demo.

Water Pollution Control - Res. Dev. +

1 Applicant Agency Department of Natural Resources				2 CFDA# 66-505		3 Agency I.D. (Optional) 552	
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 05/01/95	
8 Agency Project Title GLNPO Core Funding				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/Stater Statewide	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:					
13 Number of Years previously funded: 3				X All <i>4/12/95</i>			
14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$70,000</u>							
				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
241	Federal	PR-F	\$57,588			1.00	Perm
846	Federal	PR-F	\$12,412				
201	State	GPR	\$3,032				
801	State	GPR	\$653				
			\$				
			\$				
			\$				
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$56,120</u> Amount <u>\$13,065</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>4/10/95</i>		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY							
Reviewing Analyst <i>Russ Rasnussen</i> Phone <i>6-7329</i>				SAI Number <i>WT950420-100-N66</i>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny				Date Received <i>4-20-95</i>			
Signature <i>Russ Rasnussen</i> Date _____				Date Due <i>5-1-95</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

May 16, 1995

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

Independent American Cooperative
Agreement, State Application
Identifier Number WI950510-125-N00000

Dear Mr. Bazzell:

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

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

Sincerely,

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

James R. Klauser
Secretary

PRIVATE
WISCONSIN FEDERAL GRANT APPLICATION NOTICE

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

1 Applicant Agency Department of Natural Resources			2 CFDA#		3 577																																																																	
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921			5 <i>Private</i> Federal Agency to Receive Request Ecologically Sustainable Development, Inc.			6 Period of Funding Mo/Day/Year 07/01/94 04/30/96																																																																
Contact Person Alan L. Czeshinski Phone 608/266-0160			7 Application D Mo/Day/Year 05/08/95																																																																			
8 Agency Project Title Independent American Cooperative Agreement			9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10 Area of Impact Counties/State N/A																																																																	
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 type="checkbox"/> Discretionary Other: Cooperative Agreement		Clearinghouses: Notified Dates																																																																		
13 Number of Years previously funded: 11 months			AIS																																																																			
14 Funding, Allotment and Position Data (including Federal indirect costs) <i>Private</i> Total Federal Funds Applied For \$58,117																																																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Numeric Appropriation</th> <th style="width: 10%;">Source</th> <th style="width: 10%;">Revenue Type</th> <th style="width: 10%;">Amount</th> <th style="width: 10%;">New Positions No. (FTE)</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Existing Positions No. (FTE)</th> <th style="width: 10%;">Type</th> </tr> </thead> <tbody> <tr> <td>434</td> <td>Other</td> <td>PRS</td> <td>\$51,876</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>831</i></td> <td><i>Federal Other</i></td> <td><i>PR - PE-S</i></td> <td>\$6,241</td> <td><i>None</i></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	434	Other	PRS	\$51,876					<i>831</i>	<i>Federal Other</i>	<i>PR - PE-S</i>	\$6,241	<i>None</i>							\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type																																																															
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			\$																																																																			
			\$																																																																			
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$26,810</u> Amount <u>\$6,241</u> <input type="checkbox"/> No																																																																						
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type and Print) Darrell J. Bazzell		Title if other than Agency Secretary Administrator/OPA																																																																		
		Signature <i>[Signature]</i>		Date <u>5/2/95</u>																																																																		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																						
Reviewing Analyst <u>Shelley Moore</u>		Phone _____		SAI Number <u>WD950510-125</u> <i>N00</i>																																																																		
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>5-10-95</u> <i>000</i>		Date Due <u>5-24-95</u>																																																																		
Signature <u>Shelley Moore</u>		Date <u>5/16/95</u>		Date Due <u>5-24-95</u>																																																																		

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



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

TOMMY G. THOMPSON
GOVERNOR

JAMES R. KLAUSER
SECRETARY

May 17, 1995

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

Emergency Medical Services
for Children (WI EMSC System
Enhancement: Statewide Poison
Control System), State Application
Identifier Number WI950322-065-N93127XX

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

Department of Administration
DOA-7020(R12/92)

H-744-1
Federal-State Relations Office
101 E. Wilson Street, 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

Emergency Medical Services for Children

1 Applicant Agency WI Dept of Health and Social Services		2 CFDA # <u>93.127</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 East Washington Avenue Room 167 Madison, WI 53703 Contact Person Kenneth Baldwin Phone 267-9010		5 Federal Agency to Receive Request Dept of Health and Human Services	
		6 Period of Funding Mo/Day/Year 8/1/95 to 7/31/96	7 Application Due Date Mo/Day/Year 3/17/95
8 Agency Project Title WI EMSC System Enhancement: Statewide Poison Control System		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no wt</i>	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		
13 Number of Years Previously Funded <u>1987 - 1990</u>		10 Area of Impact Counties/States <u>Statewide</u>	

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$ 150,000.00</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
150	Federal	PR-F	\$ 150,000.				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Acting Secretary
	Signature <i>Richard W. Lorang</i>	Date 3-17-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Lue Gablonsky</u> Phone <u>7-9546</u>	SAI Number <u>WI 950322-065</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>3-22-95</u>
Signature <u>[Signature]</u> Date <u>3/22/95</u>	Date Due <u>4-5-95</u>

065
N 93
127