

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

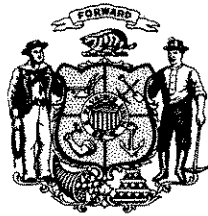
➤ 95hrJC-Fi\_Misc\_pt107

➤ Record of Comm. Proceedings ... RCP

➤ \*\*

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

---

CORRESPONDENCE MEMORANDUM

November 25, 1997

TO: Senator Brian Burke, Co-Chair Joint Committee on Finance  
Representative John Gard, Co-Chair Joint Committee on Finance  
Robert Lang, Director Legislative Fiscal Bureau

FROM: Jeff Smith, Section Chief  
Federal-State Relations  
Division of Energy & Intergovernmental Relations

RE: APPLICATIONS FOR FEDERAL ASSISTANCE

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

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

Attachments

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

September 22, 1997

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

Wisconsin Comprehensive School Health  
Programs to Prevent Health Problems and  
Improve Education Outcomes, State Application  
Identifier Number WI970918-265-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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

  
Mark D. Bugher  
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

<b>1</b> Applicant Agency Department of Public Instruction	<b>2</b> CFDA # <u>93 • 938</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 125 South Webster Street Madison, WI 53702 Contact Person: Doug White Phone: (608) 266-5198	<b>5</b> Federal Agency to Receive Request Centers for Disease Control & Prevention	
<b>8</b> Agency Project Title Wisconsin Comprehensive School Health Programs to Prevent Health Problems and Improve Education Outcomes	<b>6</b> Period of Funding Mo/Day/Year 12/1/97 - 11/30/98	<b>7</b> Application Due Date Mo/Day/Year 9/12/97
<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 _____ _____ _____ All _____
<b>10</b> Area of Impact Counties/States statewide		

**13** Number of Years Previously Funded: 5 years

**14** Funding, Allotment and Position Data (including Federal indirect costs)  
 Total Federal Funds Applied For: 809,868

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR-F	\$ 651,368			6.2	Perm
			\$			1.0	Project
			\$			(includes DHFS) ←	
241	Federal	PR-F	\$ 158,500				
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes Rate 5.6% Base 766,920 Amount 42,948  No

**16** Authorizations  
 Delegated Review  
 Authorized Agency Representative (Type or Print): John T. Benson  
 Title if other than Agency Secretary: State Superintendent  
 Signature: [Signature] Date: 9/11/97

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst: Brian Pahnke Phone: 6-1923 SAI Number: WI970918-2105-1

Recommendation:  Approve  Approve With Conditions  Deny  
 Signature: [Signature] Date: 9/19/97 Date Received: 9-18-97 Date Due: 10-2-97

938

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

June 13, 1997

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

(Emergency) Immigrant Education  
Program, State Application Identifier  
Number WI970529-150-N84162ZZ

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

  
Mark D. Bugher  
Secretary

Depart

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

1 Applicant Agency Department of Public Instruction		2 CFDA # <u>84 • 162</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 125 S. Webster Street Madison, WI 53702 Contact Person Seree Weroha Phone 266-7292		5 Federal Agency to Receive Request US Department of Education	
		6 Period of Funding Mo/Day/Year <u>10-1-97</u> <u>9-30-98</u>	7 Application Due Date Mo/Day/Year <u>5-15-97</u>
8 Agency Project Title <u>Emergency Immigrant Education Program</u>		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WIEO</u> All	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other		
13 Number of Years Previously Funded		10 Area of Impact Counties/States counties of <u>Brown</u> <u>Marathon</u> <u>Milwaukee</u>	

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For to be determined by USDE

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
241 410	Federal		\$	n/a		n/a	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 5.6% Base see above Amount \_\_\_\_\_  No

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print) John T. Benson	Title if other than Agency Secretary State Superintendent
Signature <i>John T. Benson</i>	Date 5-15-97

### FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Brian Rehnke Phone 6-1923 SAI Number WI970529-150-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 5/29/97  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due 6/12/97

COMMENTS:

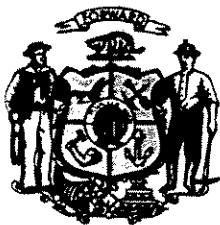
Comments Continued on Reverse or on a Separate Sheet

5/29 - same to BP.

8416:  
ZZ

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

June 24, 1997

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

Funds for the Improvement of Education (WI  
Standards-Based Assessment Project for Developing  
Assessment Instruments), State Application  
Identifier Number WI970530-153-N84215XX

Dear Superintendent Benson:

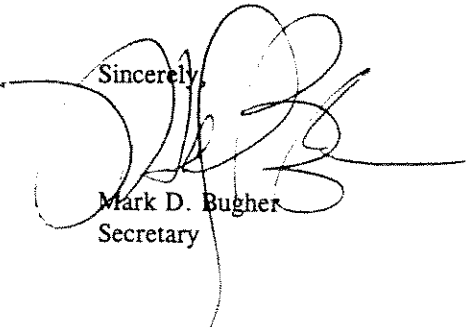
The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The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

The 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.

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

Sincerely,



Mark D. Bugher  
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

<b>1</b> Applicant Agency Department of Public Instruction		<b>2</b> CFDA # <u>84</u> • <u>215P</u>	<b>3</b> Agency I.D. (Optional)				
<b>4</b> Address (Street/City/State/Zip) 125 South Webster Street Madison, WI 53702 Contact Person Darwin Kaufman Phone 267-9111		<b>5</b> Federal Agency to Receive Request					
<b>6</b> Period of Funding Mo/Day/Year <u>10/1/97</u> <u>9/30/2001</u>		<b>7</b> Application Due Date Mo/Day/Year <u>5/30/97</u>					
<b>8</b> Agency Project Title Wisconsin Standards-Based Assessment Project for Developing Assessment Instruments		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified    Dates <i>Needs WI</i> <i>ES</i> All					
<b>10</b> Area of Impact Counties/Stages 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>\$3,935,000</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
141	Federal	Federal	\$3,935,000	2.0	perm		
101	State	In-kind	\$ 568,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>5.6%</u> Base <u>\$568,000</u> Amount <u>\$30,000</u>				<input type="checkbox"/> No			
<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) John T. Benson  Signature <i>John T. Benson/10</i>		Title if other than Agency Secretary State Superintendent  Date 5/30/97			
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>							
Reviewing Analyst <u>Brian Pahnke</u> Phone <u>6-1923</u>		SAI Number <u>WI 970530-153-N</u>		Date Received <u>5/30/97</u>		Date Due <u>5/30/97</u>	
Recommendation: <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Brian Pahnke</u> Date <u>6/6/97</u>		Date Received <u>5/30/97</u>		Date Due <u>5/30/97</u>	
COMMENTS:							

84  
215



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  
MARK D. BUGHER  
SECRETARY

August 14, 1997

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

Supportive Housing Program (Supportive  
Housing Renewal for Crawford Street Group  
Home), State Application Identifier Number  
WI970814-225-N14235YY

Dear Mr. Martinson:

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 s.16.54, Wis. Stats., 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.

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

Sincerely,

  
Mark D. Bugher  
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

RUSH

<p>1 Applicant Agency <b>Department of Administration</b></p> <p>4 Address (Street/City/State/Zip) <b>101 East Wilson Street Madison, Wisconsin 53702</b></p> <p>Contact Person <b>Judith M. Wilcox</b> Phone <b>266-9388</b></p> <p>8 Agency Project Title <b>Supportive Housing Renewal for Crawford Street Group Home</b></p> <p>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         </p> <p>12 Type of Assistance  <input type="checkbox"/> Grant  <input type="checkbox"/> Formula  <input checked="" type="checkbox"/> Discretionary  <input type="checkbox"/> Other         </p>	<p>2 CFDA # <b>1.4-2.3.5</b></p> <p>3 Agency ID (Optional)</p> <p>5 Federal Agency to Receive Request <b>Dept. of Housing and Urban Department</b></p> <p>6 Period of Funding Mo/Day/Year <b>03/01/98</b></p> <p>7 Application Due Date Mo/Day/Year <b>02/28/2002</b> <b>08/18/97</b></p> <p>9 Executive Order 12372 Review Required  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            Clearinghouses: Notified Dates  <b>No Fed EO</b> </p> <p>10 Area of Impact Counties/States <b>Dane, WI</b></p>
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13 Number of Years Previously Funded 5 years

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

Total Federal Funds Applied For \$528,268

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
741	HUD	Federal	\$ 528,268	0	NA	0	NA
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print) <b>Mark P. Bugher</b> Signature	Title if other than Agency Secretary <b>Secretary</b> Date <b>8/18/97</b>
--	--

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Pam Henning</u> Phone <u>7-0371</u>	SAI Number <u>WI970814-225</u>	Date Received <u>8-14-97</u> Date Due <u>8-18-97</u>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		
Signature <u>Pamela Henning</u> Date <u>8-14-97</u>		

235  
 14  
 NY

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

September 18, 1997

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

Low Income Home Energy Assistance,  
State Application Identifier Number  
WI970918-263-N93568XX

Dear Mr. Martinson:

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 s.16.54, Wis. Stats., 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.

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

Sincerely,



Mark D. Bugher  
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

<b>1</b> Applicant Agency Department of Administration	<b>2</b>	CFDA # <u>93 • 568</u>	<b>3</b> Agency I.D. (Optional) <i>ARC</i>
<b>4</b> Address (Street/City/State/Zip) Division of Housing P.O. Box 8944 Madison, WI 53708-8944 Contact Person Steve Tryon Phone 608/266/760	<b>5</b> Federal Agency to Receive Request U.S Dept. of Health & Human Services	<b>6</b> Period of Funding Mo/Day/Year 10/01/97 09/30/98	<b>7</b> Application Due Date Mo/Day/Year 09/26/97
<b>8</b> Agency Project Title Low Income Home Energy Assistance	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO</u> All	<b>10</b> Area of Impact Counties/States <u>State-wide</u>	
<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 <u>16 years</u>	

Total Federal Funds Applied For				New Positions		Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
<u>741/751/752</u>	<u>federal</u>	<u>PR-F</u>	<u>\$ 34,813,407</u>			<u>11</u>	<u>perm</u>
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement Unknown at this time  No

Yes Rate 6.4% Base \_\_\_\_\_ Amount \_\_\_\_\_

**16** Authorizations  Delegated Review

Authorized Agency Representative (Type or Print) Mark Bigger Title if other than Agency Secretary Secretary

Signature *[Signature]* Date 9/18/97

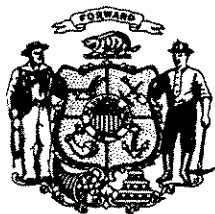
**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Pam Henning Phone 7-0371 SAI Number WI 970918-263 *N 9*

Recommendation:  Approve  Approve With Conditions  Deny Date Received 9-18-97 *56*

Signature Pamela S Henning Date 9-15-97 Date Due 9-18-97 *X*

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  
MARK D. BUGHER  
SECRETARY

August 7, 1997

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

Supportive Housing Program (State  
of Wisconsin Continuum of Care for  
Homeless Individuals and Families),  
State Application Identifier Number  
WI970807-218-N14235ZZ

Dear Mr. Martinson:

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 s.16.54, Wis. Stats., 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.

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

Sincerely,

  
Mark D. Bugher  
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

Federal-State Relat  
101 E. Wilson Street,  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

*Supportive Housing Program* **RUSH**

1 Applicant Agency <b>Department of Administration</b>		2 CFDA # <b>14 • 2 3 5</b>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) <b>P O Box 8944 Madison, Wisconsin 53708-8944</b>		5 Federal Agency to Receive Request <b>Dept. Housing and Urban Development</b>	
Contact Person <b>Judith M. Wilcox</b> Phone <b>608-266-9388</b>		6 Period of Funding Mo/Day/Year <b>04/01/98</b>	7 Application Due Date Mo/Day/Year <b>08/18/97</b>
8 Agency Project Title <b>State of Wisconsin Continuum of Care for Homeless Individuals and Families</b>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <b>No Fed EO</b>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States <b>Statewide, except Milwaukee, Dane, Jefferson, Waukesha, Washington, Ozaukee, Racine and Kenosha Counties</b>
13 Number of Years Previously Funded <b>NA</b>		All	

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

Total Federal Funds Applied For **\$6,136,629**

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
741/752	HUD	Federal	\$ 6,136,629			.50	Perm
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate **6.4%** Base **\$80,000** Amount **\$5,120**  No

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print) <b>Mark D. Bugher</b>	Title if other than Agency Secretary <b>Secretary</b>
Signature	Date

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst **Pam Henning** Phone **7-0371** SAI Number **WI970807-218-N14**

Recommendation:  Approve  Approve With Conditions  Deny Date Received **8-7-97** **235**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due **8-14-97** **22**

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

*8/7 - done to DC, ~~PH~~ for PH - E-mail them too.*

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

September 23, 1997

Michael J. Sullivan, Secretary  
Department of Corrections  
149 E. Wilson Street  
PO Box 7925  
Madison, WI 53707-7925

Healthcare Quality Improvement  
And Quality Assurance Research,  
State Application Identifier Number  
WI970923-273-N00000XX

Dear Secretary Sullivan:

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,



Mark D. Bugher  
Secretary

Logged  
JL

Department of Health and Human Services Public Health Service  <b>Grant Application</b>  <i>Follow instructions carefully.          Do not exceed character length restrictions indicated on sample.</i>	LEAVE BLANK—FOR PHS USE ONLY.		
	Type	Activity	Number
	Review Group		Formerly
	Council/Board (Month, Year)		Date Received

1. TITLE OF PROJECT  
**Effectiveness of Disease Condition Management with Inmates**

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT  NO  YES (if "Yes," state number and title)  
 Number: RFA HS 98-003 Title: **Proposal for Healthcare Quality Improvement & QA Assurance Research**

3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

3a. NAME (Last, first, middle) <b>ZUNKER, SHARON</b>	3b. DEGREE(S) BSN	3c. SOCIAL SECURITY NO. 392-44-2740
3d. POSITION TITLE <b>Director</b>	3e. MAILING ADDRESS (Street, city, state, zip code) 149 East Wilson Street PO Box 7925 Madison, WI 53707-7925	
3f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT <b>Corrections, State of Wisconsin</b>		
3g. MAJOR SUBDIVISION <b>Bureau of Health Services</b>		
3h. TELEPHONE AND FAX (Area code, number and extension) TEL: 267-1730 FAX: 267-1751	E-MAIL ADDRESS: <b>ahrens@msn.fullfeed.com</b>	

4. HUMAN SUBJECTS	4a. If "Yes," Exemption no. or IRB approval date	4b. Assurance of compliance no.	5. VERTEBRATE ANIMALS	5a. If "Yes," IACUC approval date	5b. Animal welfare assurance no.
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Full IRB or Expedited Review <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY) From: <b>01/01/98</b> Through: <b>12/31/02</b>	7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD 7a. Direct Costs (\$): <b>\$ 392,252</b>	8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT 8a. Direct Costs (\$): <b>\$ 2,043,986</b> 8b. Total Costs (\$): <b>\$2,043,986</b>
--	--	---

9. APPLICANT ORGANIZATION Name: <b>Department of Corrections</b> Address: <b>Bureau of Health Services 149 E. Wilson Street, PO Box 7925 Madison, WI 53707-7925</b>	10. TYPE OF ORGANIZATION Public: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Local Private: <input type="checkbox"/> Private Nonprofit Forprofit: <input type="checkbox"/> General <input type="checkbox"/> Small Business
---	---

\*Central Office located in #2. Study will include facilities & participants from entire state.

11. ORGANIZATIONAL COMPONENT CODE	12. ENTITY IDENTIFICATION NUMBER <b>39-73-1021-K</b>	Congressional District <b>2*</b>
13. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name: <b>Carol Ahrens</b> Title: <b>Public Health Educator</b> Address: <b>Department of Corrections Bureau of Health Services PO Box 7925 149 East Wilson Street Madison, WI 53707-7925</b> Telephone: <b>(608) 266-3718</b> FAX: <b>(608) 267-1751</b> E-Mail Address: <b>ahrens@msn.fullfeed.com</b>	14. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name: <b>Michael J. Sullivan</b> Title: <b>Secretary</b> Address: <b>Department of Corrections 149 East Wilson Street PO Box 7925 Madison, WI 53707-7925</b> Telephone: <b>(608) 266-4548</b> FAX: <b>(608) 267-3661</b> E-Mail Address: <b>sullimj@mail.state.wi.us</b>	

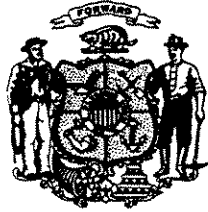
15. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.	SIGNATURE OF PI (PD) NAMED IN 3a. (In ink. "Per" signature not acceptable.) <i>Sharon K. Zunker</i>	DATE <b>9/15/97</b>
--	--	------------------------

16. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Service terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	SIGNATURE OF OFFICIAL NAMED IN 14 (In ink. "Per" signature not acceptable.) <i>M. Sullivan</i>	DATE <b>10/23/97</b>
--	---	-------------------------



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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

August 26, 1997

Michael J. Sullivan, Secretary  
Department of Corrections  
149 E. Wilson Street  
PO Box 7925  
Madison, WI 53707-7925

State Criminal Alien Assistance  
Program, State Application Identifier  
Number WI970815-226-N16572XX

Dear Secretary Sullivan:

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 s. 16.54, Wis. Stats., 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.

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

Sincerely

A handwritten signature in black ink, appearing to read "M. D. Bugher", written over the typed name and title.

Mark D. Bugher  
Secretary

## WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

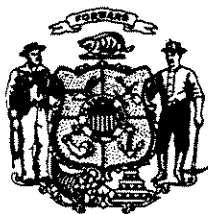
Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

1	Applicant Agency <b>DEPARTMENT OF CORRECTIONS</b>	2	CFDA # <b>1 6 . 5 7 2</b>	3	Agency I.D. (Optional)																																																																																					
4	Address (Street/City/State/Zip) <b>149 E. WILSON ST., P.O. BOX 7925 MADISON WI 53707-7925</b> Contact Person <b>Marsha Rathje</b> Phone <b>266-8553</b>	5	Federal Agency to Receive Request <b>Department of Justice</b>																																																																																							
6	Period of Funding Mo/Day/Year <b>10-01-96</b> <b>9-30-97</b>	7	Application Due Date Mo/Day/Year <b>8/30/97</b>																																																																																							
8	Agency Project Title <b>State Criminal Alien Assistance Program</b>	9	Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified <b>No</b> Dates <b>WI EO</b>		10	Area of Impact Counties/States <b>statewide</b>																																																																																				
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 <input type="checkbox"/> Other																																																																																							
13	Number of Years Previously Funded <b>2</b>	All																																																																																								
14	Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <b>34,416,890</b>																																																																																									
<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 style="text-align: center;">141</td> <td style="text-align: center;">Fed</td> <td></td> <td style="text-align: right;">\$ 34,416,890</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td style="text-align: right;">\$</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	141	Fed		\$ 34,416,890	0	0	0	0				\$								\$								\$								\$								\$								\$								\$								\$				
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15	Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No																																																																																									
16	Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <b>Department of Corrections</b> Signature <i>[Signature]</i>		Title if other than Agency Secretary  Date <b>August 14, 1997</b>																																																																																						
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>																																																																																										
Reviewing Analyst <b>Roger Fetterly</b> Phone <b>6-2213</b>		SAI Number <b>WI970815-22</b>																																																																																								
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <b>8-15-97</b>																																																																																								
Signature <b>Roger Fetterly</b> Date <b>8/20/97</b>		Date Due <b>8-30-97</b>																																																																																								
COMMENTS: <b>see attached comments</b>																																																																																										
<input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet																																																																																										

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

June 26, 1997

Michael J. Sullivan, Secretary  
Department of Corrections  
149 E. Wilson Street  
PO Box 7925  
Madison, WI 53707-7925

Violent Offender Incarceration and  
Truth in Sentencing Incentive Grants,  
State Application Identifier Number  
WI970624-176-N16586XX

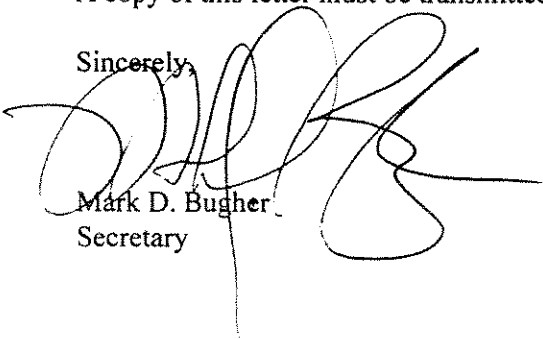
Dear Secretary Sullivan:

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 s. 16.54, Wis. Stats., 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.

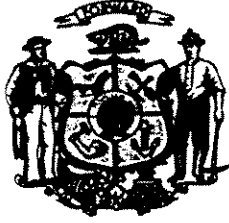
A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

  
Mark D. Bugher  
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  
MARK D. BUGHER  
SECRETARY

August 6, 1997

Frederick N. Falk, Executive Director  
Office of Justice Assistance  
222 State Street, Second Floor  
Madison, WI 53702-0001

National Criminal History Improvement Program  
(Criminal Justice Record Improvement Project), State  
Application Identifier Number WI970731-215-N16554XX

Dear Mr. Falk:

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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

  
Mark D. Bugher  
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

National Criminal History Improvement Program

<p><b>1</b> Applicant Agency Office of Justice Assistance</p> <p><b>4</b> Address (Street/City/State/Zip) 222 State Street, 2nd Floor Madison, WI 53702-0001</p> <p>Contact Person Stephen Grohmann (608) Phone 266-7185</p> <p><b>8</b> Agency Project Title Criminal Justice Record Improvement Project</p> <p><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</p> <p><b>12</b> Type of Assistance  <input type="checkbox"/> Grant  <input type="checkbox"/> Formula  <input checked="" type="checkbox"/> Discretionary  <input type="checkbox"/> Other</p>	<p><b>2</b> CFDA # 1.6 • 5.5.4</p> <p><b>3</b> Agency I.D. (Optional) NCHIP Disc.</p> <p><b>5</b> Federal Agency to Receive Request U.S. Department of Justice</p> <p><b>6</b> Period of Funding Mo/Day/Year 03-01-98 - 02-28-99</p> <p><b>7</b> Application Due Date Mo/Day/Year 8-01-97</p> <p><b>9</b> Executive Order 12372 Review Required  <input checked="" type="checkbox"/> Yes, <input checked="" type="checkbox"/> No                  Clearinghouses: Notified Dates                  Dept. of Admin. 7-28-97                  No WTEO                  All</p> <p><b>10</b> Area of Impact Counties/States Statewide</p>
--	---

**13** Number of Years Previously Funded \_\_\_\_\_

**14** Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For \$770,000

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
644	Federal	PRF	\$ 770,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

**16** Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Frederick N. Falk	Title if other than Agency Secretary Executive Director
	Signature <i>Frederick N. Falk</i>	Date 7-28-97

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Scott Aker Phone 7-0370 SAI Number WI970731-215-1

Recommendation:  Approve  Approve With Conditions  Deny Date Received 7-31-97

Signature *Scott Aker* Date 5/16/97 Date Due 8-1-97

COMMENTS:

16  
55  
X

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  
MARK D. BUGHER  
SECRETARY

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April 16, 1997

Frederick N. Falk, Executive Director  
Office of Justice Assistance  
222 State Street, Second Floor  
Madison, WI 53702-0001

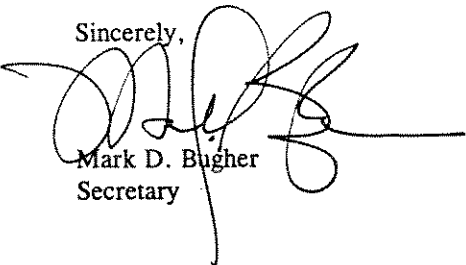
Juvenile Justice and Delinquency Prevention-  
Allocation to States FFY97, State Application  
Identifier Number WI970331-070-N16540XX

Dear Mr. Falk:

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 s. 16.54, Wis. Stats., 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,

  
Mark D. Bugher  
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

*Prevention - Allocation to States  
Juvenile Justice & Delinquency*

*Logan  
Jr.*

<b>1</b> Applicant Agency WI Office of Justice Assistance		<b>2</b> CFDA # <u>16-540</u>		<b>3</b> Agency I.D. (Optional) JJ-97	
<b>4</b> Address (Street/City/State/Zip) 222 State Street, 2nd Floor Madison, WI 53702 Contact Person Michael Derr Phone 266-7639		<b>5</b> Federal Agency to Receive Request U.S. Department of Justice		<b>6</b> Period of Funding Mo/Day/Year 10-01-96 09-30-99	
<b>8</b> Agency Project Title State of Wisconsin FFY'97 Formula Grant and Innovative Local Law Enforcement & Comm. Policing		<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>3-27-97</u> All <u>WI</u>		<b>7</b> Application Due Date Mo/Day/Year 3-31-97	
<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>10</b> Area of Impact Counties/States Statewide	
<b>13</b> Number of Years Previously Funded <u>"more than 5 years"</u>					
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,521,000</u>					
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE) Type
601	State	GPR	\$ 90,150		.05 Unclash
			\$		.87 Perm
641	Federal	PRF	\$90,150		.05 Unclash
			\$		.83 Perm
643	Federal	PRF	\$ 1,102,850		
644	Federal	PRF	\$ 25,000		
645	Federal	PRF	\$ 303,000		
			\$		
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.4%</u> Base <u>46,100</u> Amount <u>2,950</u> <input type="checkbox"/> No					
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Frederick N. Falk Signature <i>Frederick N. Falk</i>		Title if other than Agency Secretary Executive Director Date 3-27-97	
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>					
Reviewing Analyst <u>Scott Aker</u>		Phone <u>7-0370</u>		SAI Number <u>WI970331-070-N</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>3-31-97</u>		Date Due <u>4-14-97</u>	
Signature <i>Scott Aker</i>		Date <u>10 Apr 97</u>		X:	



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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

May 22, 1997

The Honorable James Doyle  
Attorney General  
Wisconsin Department of Justice  
114 East, State Capitol  
PO Box 7857  
Madison, WI 53707-7857

Edward Byrne Memorial State and Local Law  
Enforcement (Health Care Fraud Investigation  
and Prosecution Project), State Application  
Identifier Number WI970415-083-N16580XX

Dear Attorney General Doyle:

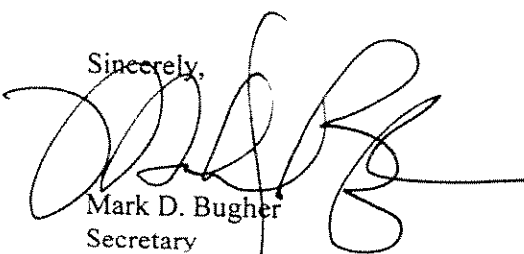
The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The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

The 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.

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

Sincerely,

  
Mark D. Bugher  
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

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

*Local Law Enforcement, Asst. Discat, Edmund Byrne Memorial State*

1 Applicant Agency Department of Justice		2 CFDA # <u>16-580</u>	
4 Address (Street/City/State/Zip) 123 West Washington Avenue Madison, WI 53702 Contact Person Steven D. Ebert Phone 266-9594		5 Federal Agency to Receive Request Bureau of Justice Assistance	
8 Agency Project Title Health Care Fraud Investigation and Prosecution Project		6 Period of Funding Mo/Day/Year <u>10/01/95</u> <u>03/31/98</u>	7 Application Due Date Mo/Day/Year
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>leads w/ EO</u>	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other		10 Area of Impact Counties/States State of <u>Wisconsin</u>	
13 Number of Years Previously Funded <u>one</u>		All	

*Logg  
Ltr*

14 Funding, Allotment and Position Data (Including Federal indirect costs)  
Total Federal Funds Applied For \$150,000 (Continuation Portion Only)

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR-F	\$ 132,184			2.5	Project
348 Indir	Federal	PR-F	\$ 17,816				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 17% Base \$104,800 Amount \$17,816  No

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print) James E. Doyle	Title if other than Agency Secretary Attorney General
Signature <i>James E. Doyle</i>	Date <u>4/9/97</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Scott Aker Phone 7-0370 SAI Number WI990415-083-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received 4-15-97

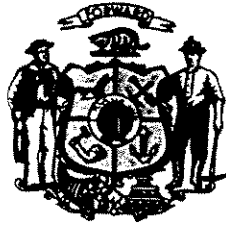
Signature *Scott Aker* Date 30 Apr 97 Date Due 4-29-97

*580  
X*

COMMENTS:

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

June 24, 1997

The Honorable James Doyle  
Attorney General  
Wisconsin Department of Justice  
114 East, State Capitol  
PO Box 7857  
Madison, WI 53707-7857

Narcotics Control Discretionary Grant (Health  
Care Fraud Prosecution Program and Senior  
Sleuth Project), State Application Identifier  
Number WI970529-148-N16580XX

Dear Attorney General Doyle:

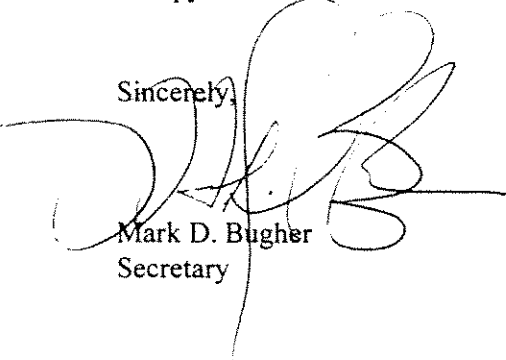
The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The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

The 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.

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

Sincerely,

  
Mark D. Bugher  
Secretary

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE**

Department of Administration  
DOA-7020 (12/92)

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

*Narcotics Control Discretionary Grant*

<b>1</b> Applicant Agency Department of Justice	<b>2</b> CFDA # <u>16.580</u>
<b>4</b> Address (Street/City/State/Zip) 123 West Washington Avenue Madison, WI 53702 Contact Person: Todd Ambs Phone 266-1221 (608)	<b>5</b> Federal Agency to Receive Request U.S. Department of Health & Human Services
<b>8</b> Agency Project Title Health Care Fraud Prosecution Program and Senior Sleuth Project	<b>6</b> Period of Funding Mo/Dav/Year <u>07/31/97</u> <u>06/30/98</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>7</b> Application Due Date Mo/Day/Year April 25, 1997
<b>12</b> Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Other	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Needs</u> <u>WT</u> <u>EO</u> All
<b>13</b> Number of Years Previously Funded _____	<b>10</b> Area of Impact Counties/States  State of <u>Wisconsin</u>

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

Total Federal Funds Applied For \$64,476

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
141	Federal	PR-F	\$ 59,000	1.0	Project		
348 Indir	Federal	PR-F	\$ 5,476				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes Rate 17% Base \$32,215 Amount \$5,476  No

**16** Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) James E. Doyle	Title if other than Agency Secretary Attorney General
	Signature <i>James E. Doyle</i>	Date 5/22/97

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Scott Aker Phone 7-0370 SAI Number WI970529-148-N

Recommendation:  Approve  Approve With Conditions  Deny  
 Date Received 5/29/97

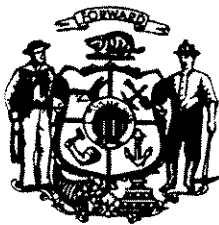
Signature *Scott Aker* Date 6/12/97 Date Due 6/12/97

66  
580  
XX

COMMENTS: Attached

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

October 17, 1997

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

State Approving Agency Reimbursement  
Contract, State Application Identifier  
Number WI971007-282-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 s. 16.54, Wis. Stats., 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.

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

Sincerely,

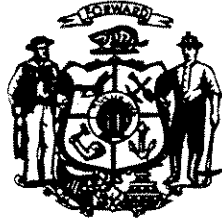
A handwritten signature in black ink, appearing to read "M. D. Bugher".

Mark D. Bugher  
Secretary



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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

July 28, 1997

Charles H. Thompson, Secretary  
Department of Transportation  
4802 Sheboygan Avenue  
PO Box 7914  
Madison, WI 53707-7914

Capital Assistance Grant for Elderly  
and Disabled Persons (Section 5310),  
State Application Identifier Number  
WI970718-203-N20513XX

Dear Secretary Thompson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., 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 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.

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

Sincerely,

  
Mark D. Bugher  
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

<b>1</b> Applicant Agency Wisconsin Department of Transportation		<b>2</b> CFDA # <u>20.513</u>		<b>3</b> Agency I.D. (Optional)	
<b>4</b> Address (Street/City/State/Zip) 4802 Sheboygan Ave., P.O. Box 7913 Madison, WI 53707-7913 Contact Person Beth Trautsch Phone 608/266-0560		<b>5</b> Federal Agency to Receive Request Federal Transit Administration		<b>6</b> Period of Funding Mo/Day/Year 7/1/97 6/30/98	
<b>8</b> Agency Project Title (Section 5310) Elderly and Disabled Persons Capital Grant Program for		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates Needs WIEO X All		<b>7</b> Application Due Date Mo/Day/Year 8/1/97	
<b>11</b> Type of Application <u>ASST.</u> <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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other			
<b>13</b> Number of Years Previously Funded <u>21</u>					

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

Total Federal Funds Applied For \$1,089,737

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
20.395(01)(cx)	federal	SEG	\$1,089,737				
20.395(02)(mq)	state	SEG	\$ 0				
20.395(01)(cv)	local		\$ 272,435				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement

Yes Rate \_\_\_\_\_ Base \_\_\_\_\_ Amount \_\_\_\_\_  No

**16** Authorizations

Delegated Review

Authorized Agency Representative (Type or Print) James Van Sistine	Title if other than Agency Secretary Administrator
Signature <i>James Van Sistine</i>	Date 6-24-97

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Doug Percy Phone 6-1039 SAI Number WI970718-203-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received 7-18-97

Signature Doug Percy Date 7/22/97 Date Due 8-1-97

COMMENTS:

20  
513  
XX



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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

June 16, 1997

Charles H. Thompson, Secretary  
Department of Transportation  
4802 Sheboygan Avenue  
PO Box 7914  
Madison, WI 53707-7914

Urban Mass Transportation Capital Improvement  
Grant (Section 5307), State Application  
Identifier Number WI970508-108-N20500XX

Dear Secretary Thompson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., 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 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Mark D. Bugher", written over a horizontal line.

Mark D. Bugher  
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

<b>1</b> Applicant Agency Wisconsin Department of Transportation	<b>2</b> CFDA # <u>20-500</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 4802 Sheboygan Avenue, PO Box 7913 Madison, WI 53707-7913 Contact Person Dixon Nuber Phone 608-266-8508	<b>5</b> Federal Agency to Receive Request	
	<b>6</b> Period of Funding Mo/Day/Year <u>7-1-97</u> <u>7-1-00</u>	<b>7</b> Application Due Date Mo/Day/Year
<b>8</b> Agency Project Title <i>Urban Mass Transportation Capital Improvement Grant</i>	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>Needs WF</u> <u>EO</u> All	<b>10</b> Area of Impact Counties/States Appleton, Beloit Eau Claire, Green Bay Janesville, Kenosha La Crosse, Oshkosh Racine, Superior, Sheboygan, WAukesho, Wausau
<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 checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	
<b>13</b> Number of Years Previously Funded _____		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For _____							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
	Federal (FTA)	Section 5307	\$2,153,146	None			
	Local		\$ 538,287				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

**16** Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <i>James Van Fortune</i>	Title if other than Agency Secretary
	Signature	Date
	<i>James Van Fortune</i>	4/22/97

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Doug Percy Phone 6-1039 SAI Number WI970508-108-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 5-8-97  
 Signature D. Percy Date 5-13-97 Date Due 5-22-97

COMMENTS:

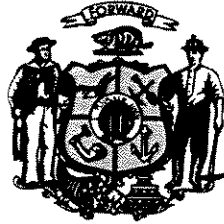
Comments Continued on Reverse or on a Separate Sheet

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*At...*

*20*  
*500*  
*X7*

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

TOMMY G. THOMPSON  
GOVERNOR  
MARK D. BUGHER  
SECRETARY



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

October 15, 1997

Charles H. Thompson, Secretary  
Department of Transportation  
4802 Sheboygan Avenue  
PO Box 7914  
Madison, WI 53707-7914

Federal Transit Technical Studies (Section  
5303 MPO Planning/Section 5313(b) State  
Planning and Research), State Application  
Identifier Number WI970918-266-N20505XX

Dear Secretary Thompson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., 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 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.

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

Sincerely

  
Mark D. Bugher  
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

*Federal Transit Technical Studies*

1 Applicant Agency <b>Wisconsin Department of Transportation</b>		2 CFDA # <u>20 • 505</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 4802 Sheboygan Ave., P.O. Box 7913 Madison, WI 53707 Contact Person (608) Sue Hill Phone 267-2908		5 Federal Agency to Receive Request <b>Federal Transit Administration</b>	
		6 Period of Funding Mo/Day/Year Jan. 1, 1998	7 Application Due Date Mo/Day/Year Dec. 31, 1999 <b>October 15, 1997</b>
8 Agency Project Title <b>Section 5303 MPO Planning/Section 5313(b) State Planning &amp; Research</b>		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>heads WI</i> <i>EO</i>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		
13 Number of Years Previously Funded <u>24</u>			

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

Total Federal Funds Applied For \$707,792

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
481	Federal	SEG-FC	\$707,792				
471	Local Match	-	\$ 72,351	<i>None</i>			
461	State Match	SEG-A	\$104,596				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print) <b>Jim Van Sistine, Administrator</b>	Title if other than Agency Secretary <b>Administrator, DTIM</b>
Signature <i>Jim Van Sistine</i>	Date <b>9-3-97</b>

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Doug Percy Phone 6-1039 SAI Number WI970918-266

Recommendation:  Approve  Approve With Conditions  Deny Date Received 9-18-97 *N2*

Signature Doug Percy Date 9/17/97 Date Due 10-2-97 *505*

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet