

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

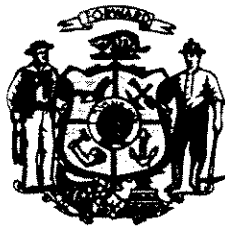
➤ 95hrJC-Fi_Misc_pt108

➤ 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 7864
Madison, WI 53707-7864

August 27, 1997

Joseph Tregoning, Acting Secretary
Department of Agriculture,
Trade & Consumer Protection
2811 Agriculture Drive
PO Box 8911
Madison, WI 53708-8911

Certified Mediation Program (Agriculture
Loan Mediation Program), State Application
Identifier Number WI970806—216-N10435XX

Dear Acting Secretary Tregoning:

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 'Mark D. Bugher', written over the word 'Sincerely,'.

Mark D. Bugher
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DA-7920(R12/92)

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

| 1 Applicant Agency WI Dept of Agriculture, Trade & Consumer Protection | | 2 CFDA # <u>1_0_4_3_5</u> | | 3 Agency I.D. (Optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------|---|------------|--|------|-----------------------|-----------|--------------|--------|--------------------|--|--------------------|--|-----------|------|-----------|------|-----|---------|--|------------|--|--|-----|-----------|-----|-------|--|-----------|--|--|----|-----------|--|---------|--|-----------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip) 2811 Agriculture Drive Madison WI 53718 Contact Person Jo Ann Prust Phone 608-224-5052 | | 5 Federal Agency to Receive Request | | 7 Application Due Date Mo/Day/Year August 1, 1997 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title <u>Certified Mediation</u> <u>Agriculture Loan Mediation Program</u> | | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No FedEO</u> | | 10 Area of Impact Counties/States State-wide Wisconsin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>186,601</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>941</td> <td>Federal</td> <td></td> <td>\$ 186,601</td> <td></td> <td></td> <td>2.1</td> <td>Permanent</td> </tr> <tr> <td>901</td> <td>State</td> <td></td> <td>\$ 55,128</td> <td></td> <td></td> <td>.5</td> <td>Permanent</td> </tr> <tr> <td></td> <td>In-Kind</td> <td></td> <td>\$ 25,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | No. (FTE) | Type | No. (FTE) | Type | 941 | Federal | | \$ 186,601 | | | 2.1 | Permanent | 901 | State | | \$ 55,128 | | | .5 | Permanent | | In-Kind | | \$ 25,000 | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | | | | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 941 | Federal | | \$ 186,601 | | | 2.1 | Permanent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 901 | State | | \$ 55,128 | | | .5 | Permanent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | In-Kind | | \$ 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>18.75</u> Base <u>84,160</u> Amount <u>15,780</u> <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) <u>Deen Christensen</u> Signature | | Title if other than Agency Secretary Joe E. Tregoning, Acting Secretary Date <u>7/31/97</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Kirsta Grande Phone 609973 SAI Number WI970806-2/6-N
 Recommendation: Approve Approve With Conditions Deny Date Received 8-6-97
 Signature _____ Date _____ Date Due 8-20-97

COMMENTS:

10
435
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

September 9, 1997

Joseph Tregoning, Acting 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 (Cooperative
Agreement) State Application Identifier
Number WI970828-236-N10025XX

Dear Acting Secretary Tregoning:

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

Plant & Animal Disease, Pest Control
& Animal Care

| | |
|--|--|
| <p>1 Applicant Agency Wisconsin Department of Agriculture, Trade & Consumer Protection</p> <p>4 Address (Street/City/State/Zip) 2811 Agriculture Drive, PO Box 8911 Madison, WI 53708-8911</p> <p>Contact Person Martha Loy</p> <p>608/ Phone 224-4875</p> | <p>2 CFDA # 10.025</p> <p>3 Agency I.D. (Optional)</p> <p>5 Federal Agency to Receive Request</p> <p>6 Period of Funding Mo/Day/Year 10/01/97</p> <p>7 Application Due Date Mo/Day/Year 09/30/98</p> <p>8 Agency Project Title Cooperative Agreement</p> <p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Clearinghouses: Notified Dates No</p> <p>10 Area of Impact Counties/States</p> |
| <p>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</p> | <p>12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____</p> |

13 Number of Years Previously Funded _____

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

| Total Federal Funds Applied For _____ | | | | New Positions | | Existing Positions | |
|---------------------------------------|----------------|--------------|------------------|---------------|------|--------------------|-----------------|
| Numeric Appropriation | Source | Revenue Type | Amount | No. (FTE) | Type | No. (FTE) | Type |
| 2184-F2-HU (8204) | Federal | | \$ 70,047 | | | 2 | Clerical |
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| | | | \$ | | | | |

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

16 Authorizations
 Delegated Review

| | |
|---|---|
| Authorized Agency Representative (Type or Print) Joseph Tregoning | Title if other than Agency Secretary Acting Secretary |
| Signature <i>Joseph Tregoning</i> | Date 8-18-97 |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sara Justus Phone 6-7329 SAI Number WI970828-236-N

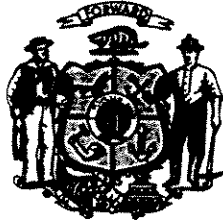
Recommendation: Approve Approve With Conditions Deny Date Received 8/28/97

Signature Sara Justus Date 9/3/97 Date Due 9/11/97

1002
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

September 16, 1997

Joseph Tregoning, Acting 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 (Cooperative Agriculture
Pest Survey) State Application Identifier
Number WI970909-254-N10025XX

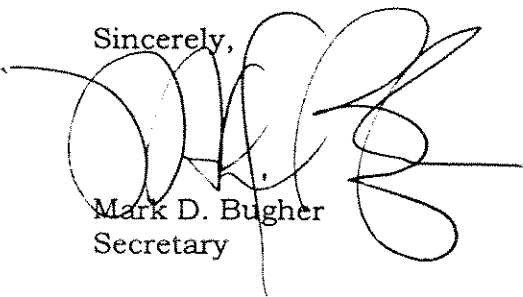
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The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

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

Control & Animal Care
Plant & Animal Disease - Pest

| | | | |
|---|--|--|--|
| 1 Applicant Agency Wisconsin Department of Agriculture Trade and Consumer Protection | | 2 CFDA # <u>10-025</u> | |
| 4 Address (Street/City/State/Zip) 2811 Agricultural Drive Madison, WI 53708-8911 Contact Person Melody Walker Phone ⁽⁶⁰⁸⁾ 224-4595 | | 5 Federal Agency to Receive Request USDA APHIS | |
| 8 Agency Project Title Cooperative Agriculture Pest Survey | | 6 Period of Funding Mo/Day/Year 10/01/97 9/30/98 | 7 Application Due Date Mo/Day/Year 9-15-97 |
| 11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified | | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NO WILES</u> All | |
| 12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____ | | 10 Area of Impact Counties/States <u>Entire</u> <u>State</u> | |
| 13 Number of Years Previously Funded _____ | | | |

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

Total Federal Funds Applied For 15,000

| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | |
|-----------------------|----------------|--------------|------------------|---------------|------|--------------------|------|
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| <u>1G 742</u> | <u>Federal</u> | <u>PR F</u> | <u>\$13,027.</u> | | | | |
| <u>4k 841</u> | <u>Federal</u> | <u>PR F</u> | <u>\$ 1,973.</u> | | | | |
| | | | \$ | | | | |
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| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |

15 Indirect Cost Reimbursement
 Yes Rate 20.77 Base 9499.28 Amount 1973.00 No

16 Authorizations

Delegated Review

Authorized Agency Representative (Type or Print)
Joseph E. Tregoning
Signature [Signature]

Title if other than Agency Secretary
Acting Secretary
Date 8-20-97

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Kirston Grubbs Sarah [Signature] Phone 6-7329 SAI Number WI 970909-254-1

Recommendation: Approve Approve With Conditions Deny

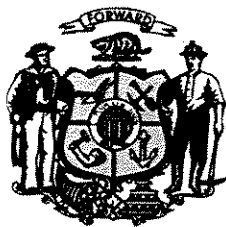
Signature Kirston Grubbs Date 9/15/97 Date Received 9-9-97 Date Due 9-23-97

COMMENTS: _____

1002
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

October 10, 1997

Joseph Tregoning, Acting Secretary
Department of Agriculture,
Trade & Consumer Protection
2811 Agriculture Drive
PO Box 8911
Madison, WI 53708-8911

Meat and Poultry Inspection,
State Application Identifier
Number WI971007-283-N10475XX

Dear Acting Secretary Tregoning:

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

Mark D. Bugher
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration
DOA-7020(R12/92)

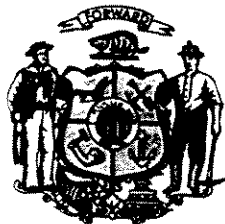
Federal-State Relations Office
101 E. Wilson Street, 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

| 1 Applicant Agency Dept of Agriculture, Trade & Cons. Prot. | | 2 CFDA # <u>10-475</u> | | 3 Agency I.D. (Optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------|---|-------------|---|------|---|--------|--------------|--------|--------------------|--|--------------------|--|-----------|------|-----------|------|----------|-----|------|-------------|--|--|-------|--|----------|-----|------|-----------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip) 2811 Agriculture Drive Madison WI 53718 Contact Person Marcy Lyons Phone (608)224-4703 | | 5 Federal Agency to Receive Request USDA-FSIS | | 7 Application Due Date Mo/Day/Year 7/30/97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 6 Period of Funding Mo/Day/Year <u>10/1/97</u> <u>9/30/98</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 8 Agency Project Title Meat & Poultry Inspection | | 9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI EO</u> All | | 10 Area of Impact Counties/States | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>3,142,726</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>142 (ER)</td> <td>FED</td> <td>PR-F</td> <td>\$2,835,886</td> <td></td> <td></td> <td>47.25</td> <td></td> </tr> <tr> <td>841 (4K)</td> <td>FED</td> <td>PR-F</td> <td>\$306,920</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | No. (FTE) | Type | No. (FTE) | Type | 142 (ER) | FED | PR-F | \$2,835,886 | | | 47.25 | | 841 (4K) | FED | PR-F | \$306,920 | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | | | | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142 (ER) | FED | PR-F | \$2,835,886 | | | 47.25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 841 (4K) | FED | PR-F | \$306,920 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>18.75%</u> Base <u>1,636,904</u> Amount <u>306,920</u> <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) Joseph E. Tregoning Signature <i>Joseph E. Tregoning</i> | | Title if other than Agency Secretary Acting Secretary Date <u>9-25-97</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <u>Sarah Justus</u> Phone <u>6-7329</u> | | SAI Number <u>WT 1007-283</u> | | Date Received <u>10-7-97</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | Signature <u>Sarah Justus</u> Date <u>10/10/97</u> | | Date Due <u>10-21-97</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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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 7864
Madison, WI 53707-7864

October 9, 1997

Joseph Tregoning, Acting Secretary
Department of Agriculture,
Trade and Consumer Protection
2811 Agriculture Drive
PO Box 8911
Madison, WI 53708-8911

Consolidated Pesticide Cooperative
Agreement FY98, State Application
Identifier Number WI970828-243-N66700XX

Dear Acting Secretary Tregoning:

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

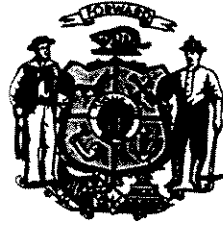
Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 50)

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

| 1 Applicant Agency <u>WI Dept. of Agriculture Trade & Consumer Protection</u> | | 2 CFDA # <u>6-6-700</u> | 3 Agency I.D. (Optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------|---|---------------------------------|-----------------------|--------|--------------|--------|---------------|--|--------------------|--|-----------|------|-----------|------|--------|---------|------|------------|--|--|-------|-------|--------|---------|------|-----------|--|--|------|-------|--------|-------|-----|----|--|--|------|-------|--------|-------|-----|----|--|--|------|-------|--------|-------|-----|----|--|--|----|-------|--------|-------|-----|------------|--|--|-----|-------|--------|-------|-----|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip) <u>2811 Agriculture Drive, PO Box 8911 Madison, WI 53708-8911</u> Contact Person <u>Ned Zuelsdorff</u> Phone <u>608/224-4550</u> | | 5 Federal Agency to Receive Request <u>US EPA, Region 5</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title <u>FY 1998 Consolidated Pesticide Cooperative Agreement</u> | | 6 Period of Funding Mo/Day/Year <u>10/01/97</u> <u>09/30/98</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 | | 7 Application Due Date Mo/Day/Year <u>08/01/97</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____ | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ <u>Regional Planning 8-13-97</u> <u>Commissions</u> <u>DOA 8-13-97</u> All <u>Needs WI ES</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Number of Years Previously Funded <u>over 10 years</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>\$679,590</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numeric Appropriation | Source | Revenue Type | Amount | | | | | New Positions | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F7 1F- | Federal | PR-F | \$ 631,387 | | | 4.275 | Perm. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F8 4K4 | Federal | PR-F | \$ 48,203 | | | .025 | Perm. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G7 Y7- | State | GPR | \$ | | | 3.15 | Perm. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S7 15- | State | SEG | \$ | | | 7.05 | Perm. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S7 17- | State | SEG | \$ | | | .4 | Perm. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S7 18- | State | SEG | \$ 136,398 | | | 9.5 | Perm. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S7 19- | State | SEG | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>18.75%</u> Base <u>257,085</u> Amount <u>48,203</u> <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) <u>Joe Tregoning</u> Title if other than Agency Secretary <u>Executive Assistant</u> Signature _____ Date <u>8-13-97</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <u>Jacqueline J. [Signature]</u> Phone <u>6-7329</u> | | SAI Number <u>WI 97 0828-243</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | Date Received <u>8/28/97</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature <u>[Signature]</u> Date <u>05-Sept-97</u> | | Date Due <u>9/11/97</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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

October 9, 1997

Joseph Tregoning, Acting Secretary
Department of Agriculture,
Trade and Consumer Protection
2811 Agriculture Drive
PO Box 8911
Madison, WI 53708-8911

Consolidated Pesticide Cooperative
Agreement (Integrated Pest Management
in Schools), State Application Identifier
Number WI970828-241-N66700XX

Dear Acting Secretary Tregoning:

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.

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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".

Mark D. Bugher
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

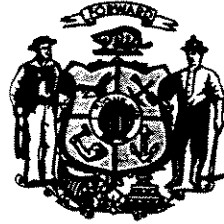
Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 50)

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

Coop Agreements
Consolidated Pesticide Enforcement

| 1 Applicant Agency <u>WI Dept. of Agriculture, Trade and Consumer Protection</u> | | 3 Agency I.D. (Optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------|---|-----------|-----------------------|---------|--------------|--------|---------------|--|--------------------|--|-----------|------|-----------|------|--------|---------|------|-----------|-----|---------|--|--|--------|---------|------|----------|--|--|--|--|--------|-------|-----|-----------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|----|--|--|--|--|
| 4 Address (Street/City/State/Zip) <u>2811 Agriculture Drive, PO Box 8911 Madison, WI 53708-8911</u> | | 5 Federal Agency to Receive Request <u>US EPA, Region 5</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Period of Funding Mo/Day/Year <u>10/01/97</u> <u>09/30/99</u> | | 7 Application Due Date Mo/Day/Year <u>08/01/97</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Agency Project Title <u>IPM in Schools</u> | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | 10 Area of Impact Counties/States <u>Statewide</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____ | | Clearinghouses: Notified Dates <u>Regional Planning 6-19-97</u> <u>Commissions 8-19-97</u> <u>DOA</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Number of Years Previously Funded <u>0</u> | | 14 Funding, Allocation and Position Data (Including Federal indirect costs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Federal Funds Applied For <u>101,490</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>F7 1F-</td> <td>Federal</td> <td>PR-F</td> <td>\$ 92,740</td> <td>1.0</td> <td>Project</td> <td></td> <td></td> </tr> <tr> <td>F8 4K4</td> <td>Federal</td> <td>PR-F</td> <td>\$ 8,750</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>S7 19-</td> <td>State</td> <td>SEG</td> <td>\$ 17,910</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | | No. (FTE) | Type | No. (FTE) | Type | F7 1F- | Federal | PR-F | \$ 92,740 | 1.0 | Project | | | F8 4K4 | Federal | PR-F | \$ 8,750 | | | | | S7 19- | State | SEG | \$ 17,910 | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | | | | | \$ | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | | | | | New Positions | | Existing Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | No. (FTE) | Type | No. (FTE) | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F7 1F- | Federal | PR-F | \$ 92,740 | 1.0 | Project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F8 4K4 | Federal | PR-F | \$ 8,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S7 19- | State | SEG | \$ 17,910 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>18.75%</u> Base <u>\$46,665</u> Amount <u>\$8,750</u> <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review | | Authorized Agency Representative (Type or Print) <u>Joe Tregoning</u> Signature _____ Date <u>8-18-97</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing Analyst <u>Jacqueline Juxenheimer</u> Sarah Juxenheimer Phone <u>6-7329</u> | | SAI Number <u>WI 970828-241-</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | Date Received <u>8/28/97</u> <u>667</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature <u>J. Juxenheimer</u> Date <u>08 sept - 17</u> | | Date Due <u>9/11/97</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
MARK D. BUGHER
SECRETARY

June 16, 1997

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

Cooperative Forestry Assistance (Gypsy Moth
Eradication Project-1997), State Application
Identifier Number WI970430-105-N10664XX

Dear Secretary Tracy:

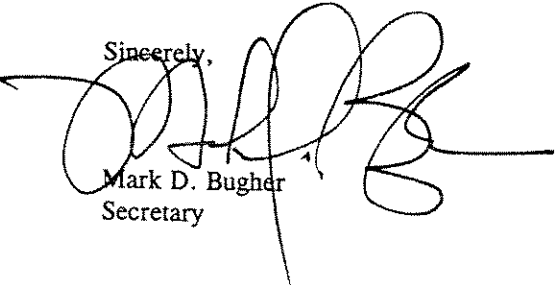
The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The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

marked 6/16/97

Cooperative Forestry Ass't

| | | | | | |
|--|--|--|--|---|--------------------------------------|
| 1 Applicant Agency Wisconsin Department of Agriculture Trade and Consumer Protection | | 2 CFDA # <u>10.664</u> | | | |
| 4 Address (Street/City/State/Zip) 2811 Agriculture Drive Madison, WI 53704-8911 Contact Person Noel Favia (608) Phone 224-4592 | | 5 Federal Agency to Receive Request US Forest Service | | | |
| | | 6 Period of Funding Mo/Day/Year <u>3/17/97</u> <u>3/16/98</u> | 7 Application Due Date Mo/Day/Year <i>Logged</i> <i>St</i> | | |
| 8 Agency Project Title Gypsy Moth Eradication Project - 1997 | | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>Needs WI</i> <i>EO</i> All | | | |
| 11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified | 12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____ | | | | |
| 13 Number of Years Previously Funded _____ | | | | | |
| 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$ <u>641,392</u> | | | | | |
| Numeric Appropriation | Source | Revenue Type | Amount | New Positions No. (FTE) Type | Existing Positions No. (FTE) Type |
| 1G | Federal | PR-F | \$ 619,186 | | |
| 4K | Federal | PR-F | \$ 22,506 | Indirect | |
| 12 | State | Seg | \$ 677,913 | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| 15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>20.77</u> Base <u>108,358</u> Amount <u>22,506</u> <input type="checkbox"/> No | | | | | |
| 16 Authorizations <input type="checkbox"/> Delegated Review <i>Rasmussen</i> | | Authorized Agency Representative (Type or Print) Elizabeth Kohl Signature <i>E Kohl</i> | | Title if other than Agency Secretary Deputy Secretary Date <u>4-4-97</u> | |
| FOR DEPARTMENT OF ADMINISTRATION USE ONLY | | | | | |
| Reviewing Analyst <i>Jacky Jugenheimer</i> Phone <u>6-7597</u> | | | SAI Number <u>WI 970430-105</u> | | |
| Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny | | | Date Received <u>4-30-97</u> | | |
| Signature <i>Russell Rasmussen</i> Date <u>5/6/97</u> | | | Date Due <u>5-14-97</u> | | |
| COMMENTS: | | | | | |

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66
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

June 16, 1997

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

Cooperative Forestry Assistance (Gypsy Moth
STS Project-1997), State Application Identifier
Number WI970430-106-N10664YY

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 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".

Mark D. Bugher
Secretary

mailed 6/20

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 608/287-2125

Cooperative Forestry Act

| | | | |
|--|--|--|--|
| 1 Applicant Agency Wisconsin Department of Agriculture, Trade and Consumer Protection | | 2 CFDA # <u>10-664</u> | |
| 4 Address (Street/City/State/Zip) P.O. Box 8911 2811 Agriculture Drive Madison, WI 53704-8911 Contact Person Noel Favia Phone <u>608-224-4592</u> | | 5 Federal Agency to Receive Request United States Forest Service | |
| 8 Agency Project Title <u>Gypsy Moth SIS Project - 1997</u> | | 6 Period of Funding Mo/Day/Year <u>5/01/97</u> <u>3/15/98</u> | 7 Application Due Date Mo/Day/Year |
| 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 <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input type="checkbox"/> Other | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>heads up</u> <u>ET</u> All |
| 13 Number of Years Previously Funded <u>None</u> | | 10 Area of Impact Counties/States <u>Eastern Counties</u> <u>EC RRC</u> | |

*ogard
Jtr
EC RRC*

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

Total Federal Funds Applied For 20,000

| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | |
|-----------------------|---------|--------------|-----------|---------------|------|--------------------|------|
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| 1G | Federal | PR-F | \$ 18,172 | | | | |
| 4K | Federal | PR-F | \$ 1,828 | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |

15 Indirect Cost Reimbursement
 Yes Rate 20.77 Base 8801 Amount 1828 No

16 Authorizations

| | | |
|---|---|---|
| <input type="checkbox"/> Delegated Review <u>Rasmussen</u> | Authorized Agency Representative (Type or Print) Elizabeth Kohl Signature <u>E Kohl</u> | Title if other than Agency Secretary Deputy Secretary Date <u>4-21-97</u> |
|---|---|---|

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jacky Jagenkorn Phone 6-7597 SAI Number WI 970430-106-1

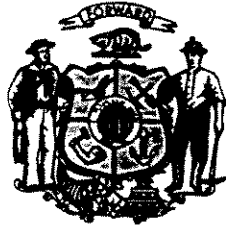
Recommendation: Approve Approve With Conditions Deny Date Received 4-30-97

Signature Russell Rasmussen Date 5/6/97 Date Due 5-14-97

COMMENTS:

*106
4*

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

July 8, 1997

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

Gypsy Moth Eradication Project, State Application
Identifier Number WI970623-173-N10025XX

Dear Secretary Tracy:

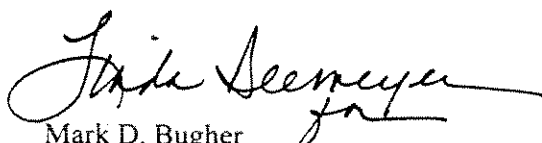
The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The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

OK
MS


Mark D. Bugher
Secretary

ma ed 7/9

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

| | |
|--|---|
| 1 Applicant Agency Wisconsin Department of Agriculture, Trade and Consumer Protection | 2 CFDA # <u>10-664</u> |
| 4 Address (Street/City/State/Zip) P.O. Box 8911, 2811 Agriculture Drive Madison, WI 53708-8911 Contact Person Noel Favia Phone (608)224-4592 | 5 Federal Agency to Receive Request USDA APHIS PFO |
| | 6 Period of Funding Mo/Day/Year <u>4/15/97</u> to <u>4/14/98</u> |
| 8 Agency Project Title Gypsy Moth Eradication Project | 9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI</u> <u>EO</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 <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input type="checkbox"/> Other |
| 13 Number of Years Previously Funded | 10 Area of Impact Counties/States Entire State |

14 Funding, Allotment and Position Data (Including Federal Indirect costs)
Total Federal Funds Applied For 80,000.

| Numeric Appropriation | Source | Revenue Type | Amount | New Positions | | Existing Positions | |
|-----------------------|--------|--------------|-----------|---------------|------|--------------------|------|
| | | | | No. (FTE) | Type | No. (FTE) | Type |
| 1G | FED | PR-F | \$ 71,960 | | | | |
| | | | \$ | | | | |
| 4K | FED | PR-F | \$ 8,040 | Indirect | | | |
| | | | \$ | | | | |
| 12 | STATE | SEG | \$ 89,577 | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |
| | | | \$ | | | | |

15 Indirect Cost Reimbursement
 Yes Rate 20.77 Base 38,710 Amount 8,040 No

16 Authorizations

| | | |
|---|--|--|
| <input type="checkbox"/> Delegated Review | Authorized Agency Representative (Type or Print) Elizabeth Kohl | Title if other than Agency Secretary Deputy Secretary |
| | Signature <i>[Signature]</i> | Date <u>5-12-97</u> |

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: [Signature] Phone: 6-9597 SAI Number: WI970623-173-N

Recommendation: Approve Approve With Conditions Deny Date Received: 6-23-97

Signature: [Signature] Date: 6/27/97 Date Due: 7-7-97

COMMENTS:

025

025