

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

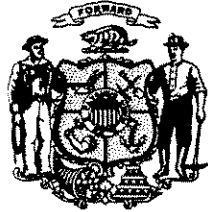
➤ 95hrJC-Fi_Misc_pt111a

➤ 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

August 12, 1997

Joe Llean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Maternal and Child Health Federal
Consolidated Program (State Systems
Development Initiative), State Application
Identifier Number WI970718-204-N93110XX

Dear Secretary Llean:

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

Maternal & Child Health Fed. Consolidated Program

1 Applicant Agency Department of Health and Family Services	2 CFDA # <u>93-110</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 East Washington Avenue Room 167 Madison, WI 53703-3044 Contact Person (608) Colleen Cantlon Phone 267-9300	5 Federal Agency to Receive Request Maternal and Child Health Bureau (MCHB)	
	6 Period of Funding Mo/Day/Year <u>10/1/97</u> <u>9/30/98</u>	7 Application Due Date Mo/Day/Year 7/15/97
8 Agency Project Title State Systems Development Initiative (SSDI)	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed 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 type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States State _____
13 Number of Years Previously Funded <u>3</u>		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$ <u>100,000.</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PR-F	\$ 100,000	0	---	0	---
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date July 10, 1997
---------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

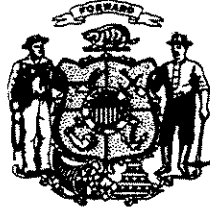
FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst	<i>Lue Jablonsky</i>	Phone	7-9546	SAI Number	WI 910718-204-1
Recommendation:	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Approve With Conditions	<input type="checkbox"/> Deny	Date Received	7-18-97
Signature	<i>S. Jablonsky</i>	Date	8/11/97	Date Due	8-1-97

93
llc

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

April 16, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Preventive Health and Health Services
Block Grant FFY97, State Application
Identifier Number WI970214-037-N93991XX

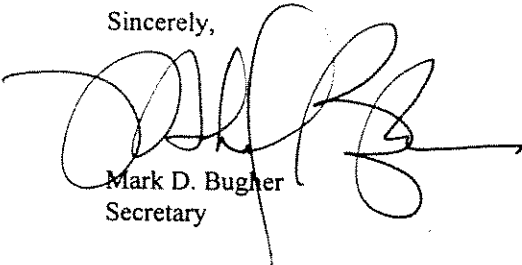
Dear Secretary Leean:

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

H-844-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration
Form DOA-7020 (R 5-88)
6th Floor
(Formerly FDA 50)

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

OPC

Lozano

1 Applicant Agency Dept. of Health and Family Services		2 CFDA # 93.991		3 Agency ID/Order #	
4 Address (Street/City/State/Zip) 1414 East Washington Avenue, Room 233 Madison, WI 53703-3044 Contact Person Jennifer Argelander Phone 266-5822		5 Federal Agency to Receive Request Centers for Disease Control and Prevention		7 Application Due Date Mo/Day/Year NA	
8 Agency Project Title Preventive Health & Health Services (Prevention) Block Grant		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed. EO</i>		6 Period of Funding Mo/Day/Year 10/01/96 09/30/97	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other		10 Area of Impact Counties/States Statewide	
13 Number of Years Previously Funded Sixteen (16)		All			

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$3,761,571							
Numeric				New Positions		Existing Positions	
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
190	Federal	PR-F	\$ 1,591,004			20.05	Perm.
192	Federal	PR-F	\$ 2,170,567			+ 1.0 FTE	
						pending	
						(s.16.50(3)	
						to be	
						processed)	

15 Indirect Cost Reimbursement
 Yes Rate .141 Base \$832,418 Amount \$117,371 No

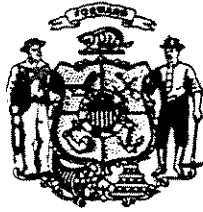
16 Authorizations
 Delegated Review
 Authorized Agency Representative (Type or Print)
 Richard W. Lorang
 Signature *Richard Lorang*
 Title if other than Agency Secretary
 Deputy Secretary
 Date
 2-10-97

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Jul Gajdosky* Phone *7-9546* SAI Number *WE970214-037*
 Recommendation: Approve Approve With Conditions Deny Date Received *2-14-97*
 Signature *S. Heldman* Date *4/16/97* Date Due *2-28-97*

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

July 18, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Centers for Disease Control and Prevention Investigations
and Technical Assistance (Communicable Disease
Surveillance and Response), State Application Identifier
Number WI970611-158-N93283XX.

Dear Secretary Leean:

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. Bugher", with a horizontal line extending to the right and a vertical line extending downwards from the end of the signature.

Mark D. Bugher
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

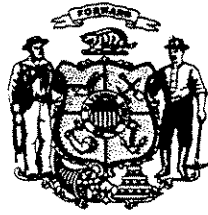
Federal-State Relations Office
101 S. Webster St., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

*Investigations & Tech. Asst.,
Centers for Disease Control & Prevention -*

RUSH

1 Applicant Agency Dept. of Health and Family Services			2 CFDA # 9 3 . 2 8 3		3 Agency I.D. (Optional)																																																																																														
4 Address (Street/City/State/Zip) 1414 E. Washington Avenue Rm167 Madison, WI 53703 Contact Person Jeffrey P. Davis MD Phone 267-9003			5 Federal Agency to Receive Request Centers for Disease Control		6 Period of Funding Mo/Day/Year 09/01/97 08/31/98																																																																																														
7 Application Due Date- Mo/Day/Year 06/16/97			8 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No WI EO</i>		9 Area of Impact Counties/States All counties																																																																																														
10 Agency Project Title <u>Communicable Disease Surveillance and Response</u>		11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other		13 Number of Years Previously Funded NA																																																																																													
14 Funding, Allotment and Position Data (Including Federal indirect costs) Total Federal Funds Applied For \$236,854			X All																																																																																																
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15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 14.2% Base \$80,000 Amount \$11,360 <input type="checkbox"/> No																																																																																																			
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Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date 7/16/97		Date Due 6-16-97																																																																																															

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



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

TOMMY G. THOMPSON
GOVERNOR
MARK D. BUGHER
SECRETARY

July 18, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Self-Management of Mental Illness, State Application
Identifier Number WI970623-168-N00000XX

Dear Secretary Leean:

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 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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 45%;">Applicant Agency Dept. of Health and Family Services</td> <td style="width: 5%; text-align: center;">2</td> <td style="width: 15%;">CFDA #</td> <td style="width: 30%; text-align: center;">3</td> <td style="width: 5%;">Agency I.D. (Optional)</td> </tr> </table>	1	Applicant Agency Dept. of Health and Family Services	2	CFDA #	3	Agency I.D. (Optional)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">4</td> <td style="width: 45%;">Address (Street/City/State/Zip) 1 West Wilson, P. O. Box 7850 Madison, WI 53707-7850 Contact Person Laura Flood Phone 267-7921</td> <td style="width: 5%; text-align: center;">5</td> <td style="width: 40%;">Federal Agency to Receive Request Bureau of Justice Assistance</td> </tr> <tr> <td style="width: 5%; text-align: center;">6</td> <td style="width: 30%;">Period of Funding Mo/Day/Year Est. from 9/97 thru 3/99 (18 mon.)</td> <td style="width: 5%; text-align: center;">7</td> <td style="width: 60%;">Application Due Date Mo/Day/Year 6/2/97</td> </tr> </table>	4	Address (Street/City/State/Zip) 1 West Wilson, P. O. Box 7850 Madison, WI 53707-7850 Contact Person Laura Flood Phone 267-7921	5	Federal Agency to Receive Request Bureau of Justice Assistance	6	Period of Funding Mo/Day/Year Est. from 9/97 thru 3/99 (18 mon.)	7	Application Due Date Mo/Day/Year 6/2/97																																																																																															
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">15</td> <td colspan="4">Indirect Cost Reimbursement</td> </tr> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%;">Rate</td> <td style="width: 10%;">Base</td> <td style="width: 10%;">Amount</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">No</td> </tr> </table>	15	Indirect Cost Reimbursement				Yes	Rate	Base	Amount	X	No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">16</td> <td style="width: 30%;">Authorizations <input type="checkbox"/> Delegated Review</td> <td style="width: 35%;">Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i></td> <td style="width: 30%;">Title if other than Agency Secretary Deputy Secretary Date 5-30-97</td> </tr> </table>	16	Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Deputy Secretary Date 5-30-97																																																																																														
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																																														
Reviewing Analyst	SAI Number	Phone	Date Received	Date Due																																																																																																										
Recommendation:	SAI Number	Phone	Date Received	Date Due																																																																																																										
Signature	SAI Number	Phone	Date Received	Date Due																																																																																																										

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



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

TOMMY G. THOMPSON
GOVERNOR
MARK D. BUGHER
SECRETARY

July 18, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

NGRI Processes and Conditional Release
Program-Criminal Justice System, Education
and Training, State Application Identifier
Number WI970623-167-N00000XX

Dear Secretary Leean:

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". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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

<p>1 Applicant Agency Dept. of Health and Family Services</p>	<p>2 CFDA #</p>	<p>3 Agency I.D. (Optional)</p>																																																																																																				
<p>4 Address (Street/City/State/Zip) 1 West Wilson, P. O. Box 7850 Madison, WI 53707-7850 Contact Person Laura Flood <i>R</i> Phone 267-7921</p>	<p>5 Federal Agency to Receive Request Bureau of Justice Assistance</p>																																																																																																					
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<p>8 Agency Project Title NGI Processes & Conditional Release Program - Criminal Justice System, Education & Training</p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates</p>																																																																																																					
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<p>13 Number of Years Previously Funded 0</p>		<p>All</p>																																																																																																				
<p>14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$94,000</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>241</td> <td>Federal</td> <td>PRF</td> <td>\$ 94,000</td> <td>1</td> <td>PROJ</td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	241	Federal	PRF	\$ 94,000	1	PROJ																																																																																		
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonske Phone 729596 SAI Number WI970623-167-
 Recommendation: Approve Approve With Conditions Deny Date Received 6-23-97 N
 Signature S. Jablonske Date 7/16/97 Date Due 7-7-97 00
 COMMENTS: F: - 8 a.m. on 7/16/97. 1. ...

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

July 18, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Dual Diagnosis Treatment for High
Management Inmates, State Application
Identifier Number WI970623-166-N00000XX

Dear Secretary Leean:

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". The signature is stylized and cursive, with a long horizontal stroke extending to the right.

Mark D. Bugher
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

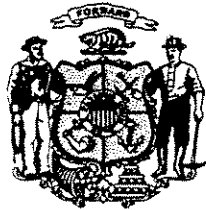
Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 50)

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 Dept. of Health and Family Services	2	CFDA #	3	Agency ID (Optional)																																																																																													
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8	Agency Project Title Dual Diagnosis Treatment for High Management Inmates	9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates		10	Area of Impact Counties/States statewide - WI																																																																																												
11	Type of Application <input checked="" type="checkbox"/> New Grant Amendment to Current Grant Continuation-Unchanged Continuation-Modified	12	Type of Assistance Grant Formula <input checked="" type="checkbox"/> Discretionary Other																																																																																															
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																																		
Reviewing Analyst <i>Aue Jablonsky</i>		Phone <i>7-9546</i>		SAI Number <i>WI970623-10</i>																																																																																														
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date <i>7/16/97</i>		Date Received <i>6-23-97</i>																																																																																														
Signature <i>S. Jablonsky</i>				Date Due <i>7-7-97</i>																																																																																														
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 7868
Madison, WI 53707-7868

July 22, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Health Care Financing Research,
Demonstrations and Evaluations (Health
Insurance Information, Counseling and
Assistance), State Application Identifier
Number WI970627-181-N93779XX

Dear Secretary Leean:

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

Health Care Financing Research, Demos: + Evaluation

1 Applicant Agency Dept. of Health and Family Services	2 CFDA # <u>93-779</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) P.O. Box 7850 Madison, WI. 53707 Contact Person (608) Glenn Silverberg Phone 267-3201	5 Federal Agency to Receive Request DHHS Health Care Financing Admin.	
	6 Period of Funding Mo/Day/Year <u>10/01/97</u> <u>09/30/98</u>	7 Application Due Date Mo/Day/Year <u>06/30/97</u>
8 Agency Project Title Health Insurance Information, Counseling and Assistance	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO</u>	
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States <u>Statewide</u>
13 Number of Years Previously Funded <u>5</u>		

14 Funding, Allotment and Position Data (Including Federal indirect costs)							
Total Federal Funds Applied For <u>\$187,925</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
758	PRF	FED	\$ 180,925				
658	PRF	FED	\$ 7,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard Lorang Signature: <i>[Signature]</i>	Title if other than Agency Secretary Deputy Secretary Date <u>6.25.97</u>
---------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Jeff Geisler Phone 7-7880 SAI Number HI 970627-181-N
 Recommendation: Approve Approve With Conditions Deny Date Received 6-27-97
 Signature [Signature] Date 7/1/97 Date Due 6-30-97

COMMENTS: _____

Comments Continued on Reverse or on a Separate Sheet

93
779
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 7868
Madison, WI 53707-7868

June 24, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Birth to Three Program, State Application
Identifier Number WI970623-171-N00000XX

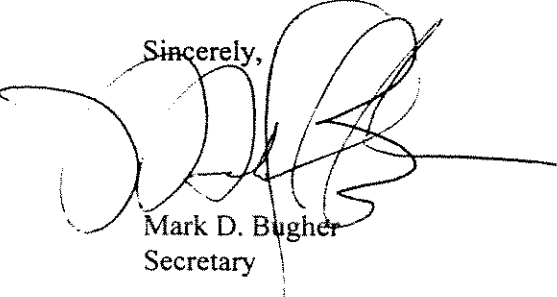
Dear Secretary Leean:

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, 8th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-2125

1 Applicant Agency Department of Health and Family Services	2 CFDA # _____	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) Division of Supportive Living P.O. Box 7851, Madison, WI 53707 Contact Person Beth Wroblewski Phone (608) 267-3270	5 Federal Agency to Receive Request Department of Education	
	6 Period of Funding Mo/Day/Year 10/01/97	7 Application Due Date Mo/Day/Year 9/30/98
8 Agency Project Title Birth to 3 Program	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates	
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 _____	10 Area of Impact Counties/States _____ _____ _____ _____
13 Number of Years Previously Funded _____		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$5,553,755							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
641/749	Federal	PRF	\$ 5,553,755			3.5	Perm.
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No	
16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>
	Title if other than Agency Secretary Deputy Secretary Date 6-10-97

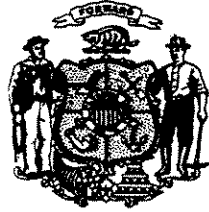
FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Gretchen Fossarum</i> Phone <i>6-23-88</i>	SAI Number <i>WI 970623-171-1</i>
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <i>6-23-97</i>
Signature <i>Gretchen A. Fossarum</i> Date <i>6/23/97</i>	Date Due <i>7-7-97</i>

COMMENTS: _____

X

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



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

TOMMY G. THOMPSON
GOVERNOR
MARK D. BUGHER
SECRETARY

August 26, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Occupational Safety and Health Research
Grants (Wisconsin SENSOR-Experimentation
Program), State Application Identifier Number
WI970808-219-N93262XX

Dear Secretary Leean:

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

01-831-01

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

Grants
Occupational Safety & Health Res.

1 Applicant Agency Dept. of Health and Family Services		2 CFDA # 9 3 . 2 6 2																																																																													
4 Address (Street/City/State/Zip) 1 West Wilson, P. O. Box 7050 Madison, WI 53701 Contact Person Terry Moen Phone 266-8579		5 Federal Agency to Receive Request DHHS-/CDC/NIOSH																																																																													
		6 Period of Funding Mo/Day/Year 10/1/97 9/30/98	7 Application Due Date Mo/Day/Year 8/5/97																																																																												
8 Agency Project Title Wisconsin SENSOR - Experimentation Program		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes NoXX Clearinghouses: Notified Dates <i>No Fed EO</i>																																																																													
11 Type of Application <input checked="" type="checkbox"/> New Grant Amendment to Current Grant Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula Discretionary Other Coop.	10 Area of Impact Counties/States Statewide WI (all)																																																																													
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14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$201,211																																																																															
<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>149</td> <td>Federal</td> <td>PRF</td> <td>\$ 201,211</td> <td>0.85</td> <td>NEW</td> <td>0.7</td> <td>Perm</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>(.545)</td> <td>FROM</td> <td>EXISTIN</td> <td>VACANC</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	149	Federal	PRF	\$ 201,211	0.85	NEW	0.7	Perm					(.545)	FROM	EXISTIN	VACANC																																																
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149	Federal	PRF	\$ 201,211	0.85	NEW	0.7	Perm																																																																								
				(.545)	FROM	EXISTIN	VACANC																																																																								
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 14.2% Base \$90,308 Amount \$12,824 <input type="checkbox"/> No																																																																															
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i> Title if other than Agency Secretary Deputy Secretary Date 8.5.97																																																																													

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst *Steve Jablonsky* Phone *7-9546* SAI Number *WI970808-2*

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

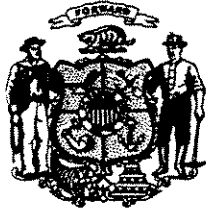
Signature *S. Jablonsky* Date *8/14/97* Date Due *8-22-97*

COMMENTS:

9
1
9

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

Joe Llean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Occupational Safety and Health Research
Grants (Wisconsin SENSOR-Field Study),
State Application Identifier Number
WI970808-220-N93262XX

Dear Secretary Llean:

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 "Mark D. Bugher".

Mark D. Bugher
Secretary

01-888-C

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

Grants

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

Occupational Safety & Health Res.

1 Applicant Agency Dept. of Health and Family Services		2 CFDA # 93.262	
4 Address (Street/City/State/Zip) 1 West Wilson, P. O. Box 7050 Madison, WI 53701 Contact Person Terry Moen Phone 266-8579		5 Federal Agency to Receive Request DHHS-/CDC/NIOSH	
		6 Period of Funding Mo/Day/Year 10/1/97 9/30/98	7 Application Due Date Mo/Day/Year 8/5/97
8 Agency Project Title Wisconsin SENSOR - Field Study		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed EO</u>	
11 Type of Application <input checked="" type="checkbox"/> New Grant Amendment to Current Grant Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula Discretionary Other Coop.	
		1 Area of Impact Counties/States Statewide WI (all)	

13 Number of Years Previously Funded	10	All
--------------------------------------	----	-----

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For \$196,072							
Numeric				New Positions		Existing Positions	
Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 196,072	1.45	NEW	.04	Perm
				(.545)	FROM	EXISTIN	VACANC

15 Indirect Cost Reimbursement			
<input checked="" type="checkbox"/> Yes	Rate 14.2%	Base \$90,876	Amount \$12,904 <input type="checkbox"/> No

18 Authorizations		Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
<input checked="" type="checkbox"/> Delegated Review		Signature <i>Richard W. Lorang</i>	Date 8.5.97

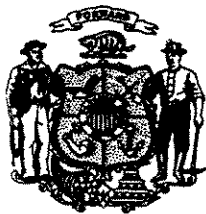
FOR DEPARTMENT OF ADMINISTRATIVE USE ONLY

Reviewing Analyst <i>Lue Yablonsky</i>	Phone 7-9546	SAI Number WI970808-25
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received 8-8-97	Date Due 8-22-97
Signature <i>Lue Yablonsky</i>	Date 8/14/97	

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 7868
Madison, WI 53707-7868

September 11 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Clinical Lab Improvement Amendments
State Application Identifier Number
WI970909-250-N00000XX

Dear Secretary Leean:

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".

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

<p>1 Applicant Agency DHFS-Division of Supportive Living-BQA</p>	<p>2 CFDA #</p>	<p>3 Agency ID (Optional) 435</p>																																																																												
<p>4 Address (Street/City/State/Zip) 1 W. Wilson Street Room 118 Madison, WI 53702 Contact Person Otis L. Woods Phone 266-7952</p>	<p>5 Federal Agency to Receive Request HCFA- Regin V - Chicago</p>																																																																													
	<p>6 Period of Funding Mo/Day/Year 10-1-97 9-30-98</p>	<p>7 Application Due Date 8/18/97</p>																																																																												
<p>8 Agency Project Title CLIA Laboratory Certification <i>Amendments Clinical Lab Improvement</i></p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>NO CFRA#</i></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 Contract</p>	<p>10 Area of Impact Statewide</p>																																																																												
<p>13 Number of Years Previously Funded 5 Years</p>		All																																																																												
<p>14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$354,041</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>642</td> <td>PR</td> <td>Federal</td> <td>\$ 354,041</td> <td>0.191</td> <td></td> <td>5.00</td> <td>Perm</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>(workld)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>change</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	642	PR	Federal	\$ 354,041	0.191		5.00	Perm					(workld)								change																																											
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				(workld)																																																																										
				change																																																																										
<p>15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 5.1% Base \$218,107 Amount \$10,970 <input type="checkbox"/> No</p>																																																																														
<p>16 Authorizations Delegated Review</p>		<p>Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i> Date 8-14-97</p>																																																																												
<p>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</p>																																																																														
<p>Reviewing Analyst <i>Caroleen Fossom</i> Phone <i>6-2288</i></p>		<p>SAI Number <i>WI970909-25</i></p>																																																																												
<p>Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny</p>		<p>Date Received <i>9-9-97</i></p>																																																																												
<p>Signature <i>Jeffery A. Gush</i> Date <i>9/8/97</i></p>		<p>Date Due <i>9-23-97</i></p>																																																																												
<p>COMMENTS: <i>Jeffery A. Gush</i></p>																																																																														
<p><input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet</p>																																																																														

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 11 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Centers for Disease Control and Prevention-
Investigations and Technical Assistance
(Population-Based Surveillance of Fetal
Alcohol Syndrome), State Application Identifier
Number WI970826-228-N93283XX

Dear Secretary Leean:

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".

Mark D. Bugher
Secretary

01-877-01

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

Federal-State Relations Office
101 S. Webster St., 8th Floor
P.O. Box 7888
Madison, WI 53707-7888
Telephone 608/267-2125

Investigations & Tech. Asst.
Centers for Disease Control & Prev.

1 Applicant Agency Dept. of Health & Family Services		2 CFDA # <u>93.283</u>	
4 Address (Street/City/State/Zip) P.O. Box 7850 Madison, WI 53707-7850 Contact Person Mary Erikson Phone 266-1644		5 Federal Agency to Receive Request	
8A Agency Project Title Population-Based Surveillance of Fetal Alcohol Syndrome		6 Period of Funding Mo/Day/Year <u>9/30/97</u> <u>9/29/98</u>	7 Application Due Date Mo/Day/Year July 22, 1997
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI EO</u> All	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other		10 Area of Impact Counties/States Statewide	

13 Number of Years Previously Funded N/A

14 Funding, Allotment and Position Data (Including Federal indirect costs)
Total Federal Funds Applied For \$105,142

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
			\$.5	Proj.		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate .262 Base \$23,461 Amount \$6,147 No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print)
Richard W. Lorang
Signature John Rusan
Date 7-22-97
Title if other than Agency Secretary Deputy Secretary

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 7-9546 SAI Number WI970826-2087

Recommendation: Approve Approve With Conditions Deny Date Received 8-26-97

Signature S. Jablonsky Date 9/10/97 Date Due 9-9-97

COMMENTS:

9
28

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 9, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Grant to States for Access and Visitation
Programs, State Application Identifier
Number WI970826-227-N93597XX

Dear Secretary Leean:

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.

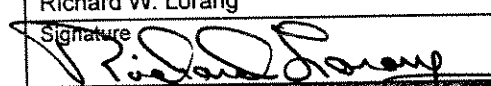
Sincerely,


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

1	Applicant Agency Dept. of Health and Family Services	2	CFDA # <u>93 597</u>																																																																																								
4	Address (Street/City/State/Zip) 1 West Wilson, P. O. Box 7050 Madison, WI 53707 Contact Person Gail Propsom Phone 267-2887	5	Federal Agency to Receive Request Dept of Health & Human Services																																																																																								
6	Period of Funding Mo/Day/Year <u>9/1/97</u> <u>8/31/98</u>	7	Application Due Date Mo/Day/Year <u>8/15/97</u>																																																																																								
8	Agency Project Title <u>Grant to State for Access & Visitation Programs</u>	9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No Fed Eo</u>																																																																																								
11	Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12	Type of Assistance Grant <input checked="" type="checkbox"/> Formula Discretionary Other																																																																																								
13	Number of Years Previously Funded <u>0</u>	14	Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$191,285</u>																																																																																								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Appropriation</th> <th style="width: 15%;">Source</th> <th style="width: 15%;">Revenue Type</th> <th style="width: 15%;">Amount</th> <th style="width: 10%;">New Positions No. (FTE)</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Existing Positions No. (FTE)</th> <th style="width: 10%;">Type</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">341</td> <td style="text-align: center;">Federal</td> <td style="text-align: center;">PR/F</td> <td style="text-align: right;">\$ 191,285</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type	341	Federal	PR/F	\$ 191,285	0																																																																											
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341	Federal	PR/F	\$ 191,285	0																																																																																							
15	Indirect Cost Reimbursement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																										
16	Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature 	Title if other than Agency Secretary Deputy Secretary Date <u>8.14.97</u>																																																																																								
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																											
Reviewing Analyst <u>Gretchen Fossum</u> Phone <u>6-22-88</u>		SAI Number <u>WI 970826-227-</u>																																																																																									
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>8-26-97</u>																																																																																									
Signature <u>Gretchen A. Fossum</u> Date <u>9/2/97</u>		Date Due <u>9-9-97</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 7868
Madison, WI 53707-7868

September 9, 1997

Joe Lean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Domestic Abuse/Family Violence
State Application Identifier
Number WI970718-207-N00000XX

Dear Secretary Lean:

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

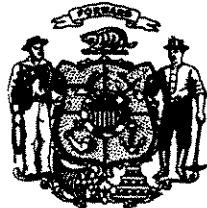
08000

1 Applicant Agency WI Dept. of Health and Family Services		2	CFDA # 910	3	Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) Div. of Children and Family Services 1 W. Wilson, PO Box 8916, Madison, WI Contact Person Claude Gilmore Phone 608-266-9354		5 Federal Agency to Receive Request				
8 Agency Project Title Domestic Abuse/Family Violence		6 Period of Funding Mo/Day/Year 10/1/96 9/30/97		7 Application Due Date Mo/Day/Year 7/15/97		
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 _____		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ No CFDA# All		
13 Number of Years Previously Funded		10 Area of Impact Counties/States Statewide				
14 Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For \$907,635						
	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE) Type	Existing Positions No. (FTE) Type
	342	Federal	PR-F	\$ 42,761		575 FTE
	340	Federal	PR-F	\$ 864,874		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 5.1% Base \$25,323 Amount \$1,291 <input type="checkbox"/> No						
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Loring Signature		Title if other than Agency Secretary Deputy Secretary Date 7-10-97		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY						
Reviewing Analyst Gretchen Fossaman Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature Gretchen A. Fossaman Date 9/7/97				SAI Number WI-910718-20 Date Received 7-18-97 Date Due 8-1-97		
COMMENTS:						

OK
 oc
 ooc
 *

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

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Disabilities Prevention (Wisconsin Health
Program for People with Disabilities),
State Application Identifier Number
WI970508-114-N93184XX

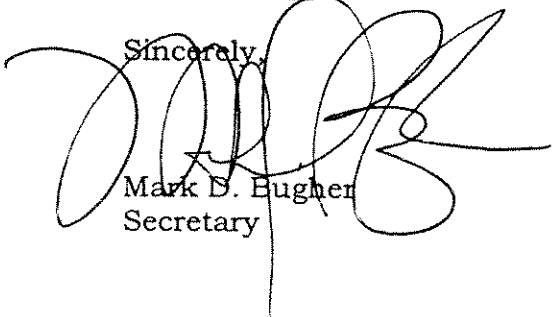
Dear Secretary Leean:

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

Disabilities Prevention

1 Applicant Agency Dept. of Health and Family Services		2 CFDA # 9 3 . 1 8 4		3 Agency ID (Optional)																																																																																																																																																																																			
4 Address (Street/City/State/Zip) 1 West Wilson, P. O. Box 7851 Madison, WI 53707-7851 Contact Person : Content- Lawrence Hanrahan 267-7173 Budget - Morgan Groves Phone 267-3659		5 Federal Agency to Receive Request DHHS-/CDC		6 Period of Funding Mo/Day/Year 7/1/97 6/30/2001																																																																																																																																																																																			
7 Application Due Date Mo/Day/Year 5/01/97		8 Agency Project Title (Wisconsin Health Program for People with Disabilities)		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NoXX Clearinghouses: Notified Dates <div style="font-size: 2em; text-align: center; margin-top: 10px;"><i>NO WLEO</i></div>																																																																																																																																																																																			
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Reviewing Analyst <i>[Signature]</i>		Phone <i>608-9546</i>		SAI Number <i>WI970508-14</i>		Date Received <i>5-8-97</i>																																																																																																																																																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <i>[Signature]</i>		Date <i>9/23/97</i>		Date Due <i>5-22-97</i>																																																																																																																																																																																	
COMMENTS:																																																																																																																																																																																							

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



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

TOMMY G. THOMPSON
GOVERNOR
MARK D. BUGHER
SECRETARY

September 23, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Maternal and Child Health Federal
Consolidated Programs (Intergenerational
Circles of Caring), State Application Identifier
Number WI970917-260-N93110YY

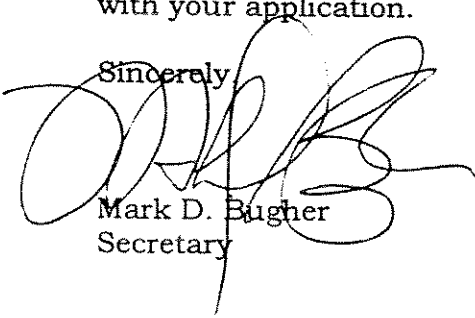
Dear Secretary Leean:

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

Consolidated Programs
Maternal + Child Health Federal

<p>1 Applicant Agency Dept. of Health and Family Services</p>	<p>2 CFDA # 9 3 . 1 1 0</p>
<p>4 Address (Street/City/State/Zip) 1 W. Wilson Street, Room 465, P. O. Box 8916 Madison, WI 53708-8916 Contact Person Jennifer Sedbrook 608 266-2464</p>	<p>5 Federal Agency to Receive Request</p> <p>6 Period of Funding Mo/Day/Year 10/1/97 9/30/98</p> <p>7 Application Due Date Mo/Day/Year 8/26/97</p>
<p>8 Agency Project Title Intergenerational Circles of Caring</p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No 2ed EO</i></p>
<p>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Other</p>
<p>13 Number of Years Previously Funded</p>	<p>1 Area of Impact Counties/States Lac du Flambeau Tribe-Vilas Co</p>

14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$200,000

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
341	Federal		\$ 25,000	0	0	0	0
346	Federal		\$ 175,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes No

Rate	Base	Amount

16 Authorizations
 Delegated Review

<p>Authorized Agency Representative (Type or Print) Richard W Lorang</p> <p>Signature <i>Richard W Lorang</i></p>	<p>Title if other than Agency Secretary Deputy Secretary</p> <p>Date 8.26.97</p>
---------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Gretchen Fossheim Phone 608-2282 SAI number WI970917-260

Recommendation: Approve Approve With Conditions Deny Date Received 9-17-97

Signature Gretchen A. Fossheim Date _____ Date Due 10-1-97

COMMENTS: _____

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



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

TOMMY G. THOMPSON
GOVERNOR
MARK D. BUGHER
SECRETARY

September 23, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Research and Evaluation Cycle
FY98, State Application Identifier
Number WI970520-132-N00000ZZ

Dear Secretary Leean:

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, 8th Floor
P.O. Box 7888
Madison, WI 53707-7888
Telephone 608/267-2126

1 Applicant Agency Dept. Health & Family Services		2 CFDA # _____	
4 Address (Street/City/State/Zip) 1 W Wilson P.O. Box 7850 Madison WI 53707 Contact Person Pam Imm Phone 6-8001		5 Federal Agency to Receive Request Indian Health Service	
8 Agency Project Title Research and Evaluation Cycle FY98		6 Period of Funding Mo/Day/Year 10/1/97- 9/30/99	7 Application Due Date Mo/Day/Year 5/19/97
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No CFDA # _____ _____ All	
12 Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States Wisconsin's eleven reser- vations	
13 Number of Years Previously Funded _____			

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$127,600</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
641	FED	PR-F	\$ 127,600	No positions requested			
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard Lorang	Title if other than Agency Secretary Deputy Secretary
	Signature 	Date 5/17/97

DEPARTMENT OF ADMINISTRATION

Reviewing Analyst <u>Wrecker Fossum</u> Phone <u>6-22-88</u>	SAI Number <u>WI970520-132N</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date Received <u>5-20-97</u>	000
Signature <u>Wrecker A. Fossum</u> Date <u>9/22/97</u>	Date Due <u>6-3-97</u>	00

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



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

TOMMY G. THOMPSON
GOVERNOR
MARK D. BUGHER
SECRETARY

September 23, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Community Mental Health Services Block
Grant FFY98, State Application Identifier
Number WI970917-261-N93958XX

Dear Secretary Leean:

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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Applicant Agency Dept. of Health and Family Services</td> <td style="width: 50%; padding: 2px;">2 CFDA # 93.958</td> </tr> <tr> <td style="width: 50%; padding: 2px;">4 Address (Street/City/State/Zip) P.O. Box 7851 Madison WI 53707-7851 Contact Person Chris Hendrickson Phone 267-9282</td> <td style="width: 50%; padding: 2px;">5 Federal Agency to Receive Request Center for Mental Health Services</td> </tr> <tr> <td style="width: 50%; padding: 2px;">8 Agency Project Title <i>Services</i> Community Mental Health Block Grant Application FF498</td> <td style="width: 50%; padding: 2px;">9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no Fed EO</i></td> </tr> <tr> <td style="width: 50%; padding: 2px;">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</td> <td style="width: 50%; padding: 2px;">12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other</td> </tr> <tr> <td style="width: 50%; padding: 2px;">13 Number of Years Previously Funded</td> <td style="width: 50%; padding: 2px;">All</td> </tr> </table>	1 Applicant Agency Dept. of Health and Family Services	2 CFDA # 93.958	4 Address (Street/City/State/Zip) P.O. Box 7851 Madison WI 53707-7851 Contact Person Chris Hendrickson Phone 267-9282	5 Federal Agency to Receive Request Center for Mental Health Services	8 Agency Project Title <i>Services</i> Community Mental Health Block Grant Application FF498	9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>no Fed 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	All	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">3 Agency I.D. (Optional)</td> </tr> <tr> <td style="width: 50%; padding: 2px;">6 Period of Funding Mo/Day/Year 10/1/97 9/30/98</td> <td style="width: 50%; padding: 2px;">7 Application Due Date 9/2/97</td> </tr> <tr> <td colspan="2" style="padding: 2px;">10 Area of Impact Counties/States Statewide</td> </tr> </table>	3 Agency I.D. (Optional)		6 Period of Funding Mo/Day/Year 10/1/97 9/30/98	7 Application Due Date 9/2/97	10 Area of Impact Counties/States Statewide																																																									
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FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																									
Reviewing Analyst <u>Gretchen Fossum</u> Phone <u>6-22-88</u> Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature <u>Gretchen A. Fossum</u> Date <u>9/22/97</u>	SAI Number <u>WI970917-2617</u> Date Received <u>9-17-97</u> Date Due <u>10-1-97</u>																																																																								
COMMENTS:																																																																									

95
↓

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

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Special Supplemental Nutrition
Program for Women, Infants and
Children, State Application Identifier
Number WI970828-244-N10557XX

Dear Secretary Leean:

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

01-885-01

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

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

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

1 Applicant Agency Dept. of Health and Family Services		2 CFDA 1 0 . 5 5 7																																																																																																	
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Room 167 Madison, WI 53703 Contact Person Patti Herrick Phone 266-3821		5 Federal Agency to Receive Request USDA-Food and Consumer Services																																																																																																	
		6 Period of Funding Mo/Day/Year 10/01/97	7 Application Due Date Mo/Day/Year 08/15/97																																																																																																
8 Agency Project Title WIC-The Special Supplemental Nutrition Program for Women Infants and Children		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																	
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		10 Area of Impact Counties/States Statewide																																																																																																	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other		Clearinghouses: Notified Dates no WIEO																																																																																																	
13 Number of Years Previously Funded 23		All																																																																																																	
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$55,824,555																																																																																																			
<table border="1"> <thead> <tr> <th colspan="4">Numeric</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>Appropriation</th> <th>Source</th> <th>Revenue Type</th> <th>Amount</th> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>148</td> <td>federal</td> <td>PR-F</td> <td>\$ 55,824,555</td> <td>2.0</td> <td>Perm</td> <td>16.98</td> <td>Perm</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Numeric				New Positions		Existing Positions		Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type	148	federal	PR-F	\$ 55,824,555	2.0	Perm	16.98	Perm																																																																								
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148	federal	PR-F	\$ 55,824,555	2.0	Perm	16.98	Perm																																																																																												
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 14.2/15.1 Base \$711,900 \$101,000 <input type="checkbox"/> No																																																																																																			
16 Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>																																																																																																	
		Title if other than Agency Secretary Deputy Secretary Date 8-14-97																																																																																																	
DEPARTMENT OF ADMINISTRATION																																																																																																			
Reviewing Analyst <i>Jane Yablonsky</i>		SAI Number 107970828-94																																																																																																	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received 8/28/97																																																																																																	
Signature <i>S. Yablonsky</i>		Date 9/22/97 Date Due 9/11/97																																																																																																	

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

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Rehabilitation Long-Term Training
(BSD Travel Trainers), State Application
Identifier Number WI970107-005-N84129XX

Dear Secretary Leean:

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.

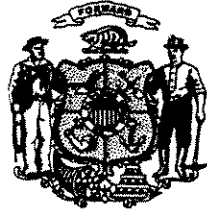
The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

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 7868
Madison, WI 53707-7868

TOMMY G. THOMPSON
GOVERNOR
MARK D. BUGHER
SECRETARY

September 23, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Children's Mental Health Services
(Northwoods Alliance for Children and
Families), State Application Identifier
Number WI970508-110-N93104XX

Dear Secretary Leean:

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

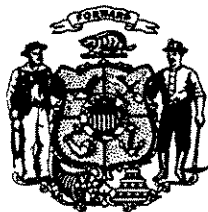
Department of Administration
Form DOA-7020 (R 5-88)
(Formerly FDA 50)

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

1	Applicant Agency Dept of Health and Family Services	2	CFDA # 9 3 . 1 0 4					
4	Address (Street/City/State/Zip) 101 E. Wilson, P. O. Box 7850 Madison, WI 53707-7850 Contact Person Eleanor McLean Phone 266-6838	5	Federal Agency to Receive Request University of Illinois					
		6	Period of Funding Mo/Day/Year 10/01/97 9/30/98	7	Application Due Date Mo/Day/Year 4/11/97			
8	Agency Project Title Children's Mental Health Services Program Northwoods Alliance for Children and Families	9	Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No WI EO</i>					
11	Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12	Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other					
13	Number of Years Previously Funded 0	All						
14	Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$930,064							
	Numeric	New Positions	Existing Positions					
	Appropriation	Source	Revenue Type	Amount	No. (FTE)	Type	No. (FTE)	Type
	641	Federal	PR-F	\$ 930,064				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
15	Indirect Cost Reimbursement							
	Yes	Rate	Base	Amount	<input type="checkbox"/> No			
16	Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature: <i>Richard W. Lorang</i>			Title if other than Agency Secretary Deputy Secretary Date 4-2-97		
FOR DEPARTMENT OF ADMINISTRATION USE ONLY								
Reviewing Analyst <i>Bretcher Fossam</i>		Phone <i>6-22-88</i>		SAI Number <i>WI 97058-110</i>				
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date <i>9/22/97</i>		Date Received <i>5-8-97</i>		Date Due <i>5-22-97</i>		
Signature <i>Suzanne A. Luccum</i>								

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 15, 1997

Joe Llean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Centers for Disease Control and Prevention
Investigations and Technical Assistance (WI
Assessment Partnership), State Application
Identifier Number WI970826-229-N93283XX

Dear Secretary Llean:

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

*Invest. + Tech. Assd.
Centers for Disease Control + Prev.*

1 Applicant Agency Division of Health/BPH & CHS		2 CFDA # <u>93-283</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1414 E. Washington Ave., Rm 96 Madison, WI 53703-3044 Contact Person Henry A. Anderson Phone (608) 266-1253		5 Federal Agency to Receive Request Centers for Disease Control & Prevention	
		6 Period of Funding Mo/Day/Year <u>09/30/97</u> <u>09/30/98</u>	7 Application Due Date Mo/Day/Year 8/11/97
8 Agency Project Title <u>Wisconsin Assessment Partnership</u>		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WI</u> <u>EO</u> 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 checked="" type="checkbox"/> Discretionary Other _____		
13 Number of Years Previously Funded <u>N/A</u>			

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$259,000.00</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
149	Federal	PR - F	\$255,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes Rate 14.2% Base \$72,183 Amount \$10,250 No

16 Authorizations
 Delegated Review

Authorized Agency Representative (Type or Print) <u>Richard W. Lorang</u> Signature <u>[Signature]</u>	Title if other than Agency Secretary <u>Deputy Secretary</u> Date <u>8-11-97</u>
--------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Jablonky Phone 7-9546 SAI Number WI-970826-289

Recommendation: Approve Approve With Conditions Deny Date Received 8-26-97

Signature [Signature] Date 9/10/97 Date Due 9-9-97

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 15, 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Health Program for Toxic Substances &
Disease Registry (Consortium for Improving the
Effectiveness of Fish Consumption Advisories
for Mercury), State Application Identifier
Number WI970828-248-N93161XX

Dear Secretary Leean:

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

01-859-01

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

Health Program for Toxic Substances
Disease Registry

1 Applicant Agency Dept. of Public Development <i>Health and Family Services</i>		2 CFDA # 93.161		3 Agency I.D. (Optional)	
4 Address (Street/City/State/Zip) 201 E. Washington Ave., P. O. Box 7946 Madison, WI 53707-7946 Contact Person Claire Falk, MS Phone 6-6762		5 Federal Agency to Receive Request US EPA		7 Application Due Date Mo/Day/Year May 7, 1997	
8 Agency Project Title Consortium for Improving the Effectiveness of Fish Consumption Advisories for Mercury ..		6 Period of Funding Mo/Day/Year 9/29/97 5/31/98		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No WTEO</i>	
11 Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input type="checkbox"/> Other		10 Area of Impact Counties/States <i>statewide</i>	
13 Number of Years Previously Funded 0		14 Funding, Allotment and Position Data (including Federal indirect costs)			
Total Federal Funds Applied For \$325,900		New Positions		Existing Positions	
Numeric Appropriation		No. (FTE)		No. (FTE)	
Source		Type		Type	
Revenue Type		Amount		Amount	
149	Federal	PRF	\$ 325,900	0	0
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate		Base		Amount <input type="checkbox"/> No	
16 Authorizations <i>Not on Del. List</i> <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard Lorang Signature <i>Richard Lorang</i>		Title if other than Agency Secretary Deputy Secretary Date 8-19-97	

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: *Rafael Mateos* Phone: *536-7614* SAI Number: *WI 970828-245*

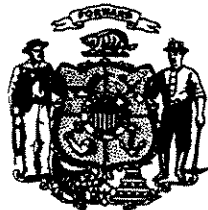
Recommendation: Approve Approve With Conditions Deny Date Received: *8/28/97*

Signature: *S. Feldman* Date: *9/10/97* Date Due: *9/11/97*

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 7868
Madison, WI 53707-7868

September 11 1997

Joe Leean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Research, Treatment and Education
Programs on Lyme Disease in US (Lyme
Disease: Epidemiologic and Ecologic Research
and Educational Efforts), State Application
Identifier Number WI970808-221-N93942XX

Dear Secretary Leean:

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 8-88)
(Formerly FDA 50)

Federal-State Relations Office
101 S. Webster St., 6th Floor
P.O. Box 7868
Madison, WI 53707-7868
Telephone 608/267-3125

*on Lyme Disease in U.S.
Res. Treatment + Education Programs*

<p>1 Applicant Agency Dept. of Health and Family Services</p>	<p>2 CFDA # 93.942</p>
<p>4 Address (Street/City/State/Zip) 1414 E. Washington Avenue Madison, WI 53703-3044 Contact Person Gerald Young Phone 266-5819</p>	<p>5 Federal Agency to Receive Request Centers for Disease Control</p> <p>6 Period of Funding Mo/Day/Year 02/15/98 02/14/99</p> <p>7 Application Due Date Mo/Day/Year 8/1/97</p>
<p>8 Agency Project Title Lyme Disease: Epidemiologic and ecologic research, and educational efforts</p>	<p>9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <i>No Fed EO</i></p>
<p>11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified</p>	<p>12 Type of Assistance Grant <input type="checkbox"/> Formula Discretionary Other <input type="checkbox"/> Coop</p>
<p>13 Number of Years Previously Funded agreement</p>	<p>All</p>

14 Funding, Allotment and Position Data (Including Federal indirect costs)
Total Federal Funds Applied For 262,536

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PRF	\$ 262,536	0		0	
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement
 Yes No

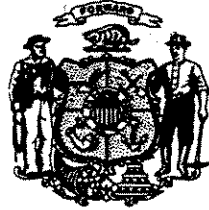
16 Authorizations	Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Deputy Secretary
<input type="checkbox"/> Delegated Review	Signature <i>Richard W. Lorang</i>	Date 7-30-97

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <i>Alex Jablon</i> Phone _____ Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature <i>Alex Jablon</i> Date <i>9/10/97</i>	SAI Number <i>WI 970808-01</i> Date Received <i>8-8-97</i> Date Due <i>8/22/97</i>
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 7868
Madison, WI 53707-7868

May 29, 1997

Joe Llean, Secretary
Department of Health and Family Services
PO Box 7850
Madison, WI 53707-7850

Environmental Health Education Activities
for Health Professionals and Communities
(Build Capacity to Conduct Site-Specific
Activities), State Application Identifier
Number WI970520-134-N93200XX

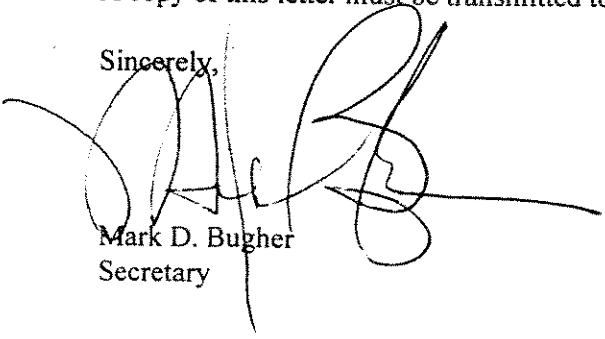
Dear Secretary Llean:

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 8-88)
(Formerly FDA 50)

Federal Grant Application
101 S. Water Street, 6th Floor
P.O. Box 7863
Madison, WI 53707-7863
Telephone 608/261-2126

for Health Professionals & Communities
Environment Health Education Activities

1 Applicant Agency Dept. of Health and Family Services		2 CFDA # 93.200																																																																																													
3 Address (Street/City/State/Zip) 1 West Wilson P. O. Box 309 Madison, WI 53701-0309 Contact Person Henry Nehls-Lowe Phone 6-3479		4 Federal Agency to Receive Request Agency for Toxic Substances and Disease Registry																																																																																													
		5 Period of Funding Mo/Da/Year 09/29/97	6 Application Due Date May 8, 1997																																																																																												
7 Agency Project Title Program To Build Capacity to Conduct Site-Specific Activ.		8 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9 Area of Impact Counties/States State-wide																																																																																												
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	Clearinghouses: Notified Dates No WF ES																																																																																													
13 Number of Years Previously Funded 8		All																																																																																													
14 Funding, Allotment and Position Data (Including Federal indirect costs) Total Federal Funds Applied For \$418,259																																																																																															
<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>149</td> <td>Federal</td> <td>PRF</td> <td>\$ 418,259</td> <td>0</td> <td></td> <td>5</td> <td>2 PHE 3 1 PHE 2 1 R.Sci 1 Hydro</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	149	Federal	PRF	\$ 418,259	0		5	2 PHE 3 1 PHE 2 1 R.Sci 1 Hydro																																																																								
Appropriation	Source	Revenue Type	Amount					New Positions		Existing Positions																																																																																					
				No. (FTE)	Type	No. (FTE)	Type																																																																																								
149	Federal	PRF	\$ 418,259	0		5	2 PHE 3 1 PHE 2 1 R.Sci 1 Hydro																																																																																								
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 14.2 Base 22,109 Amount 31,539 No																																																																																															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang Signature: <i>Richard W. Lorang</i> Date: 5-7-97																																																																																													
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																																															
Reviewing Analyst Recommendation: Signature		Phone 7-9508 <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date 5/29/97 Signature: <i>S. Jablonsky</i>																																																																																													
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