

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_pt118

➤ Record of Comm. Proceedings ... RCP

➤ **

Department of Administration
DCA 720R12/82

1 Applicant Agency DHFS - Wisconsin Council on Developmental Disabilities		2 CFDA # 13.630			
4 Address (Street/City/State/Zip) Wisconsin Council on Developmental Disabilities 722 Williamson St. (PO Box 7851) Contact Person Madison WI 53707-7851 Linda Huffer Phone 608-266-7826		5 Federal Agency to Receive Request DHHS-Administration on DD			
		6 Period of Funding Mo/Day/Year 10/1/97 - 9/30/98	7 Application Due Date Mo/Day/Year 8/15/97		
8 Agency Project Title Developmental Disabilities-Basic Support		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed EO			
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	10 Area of Impact Counties/States Statewide-Wisconsin			
13 Number of Years Previously Funded 26					
14 Funding, Allotment and Position Data (including Federal indirect costs)					
Total Federal Funds Applied For \$1,230,610					
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE) Type	Existing Positions No. (FTE) Type
641	Federal	PR-F	\$1,230,610	-	8.25 Fed.-Perm.
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
Aids Approp. StateMatch	GPR		\$ 410,204	-	-
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate 5.0% Base \$299,925 Amount \$14,997 <input type="checkbox"/> No					
16 Authorizations <input checked="" type="checkbox"/> Delegated Review ?		Authorized Agency Representative (Type or Print) Richard Lorang Signature _____		Title if other than Agency Secretary Deputy Secretary Date _____	
FOR DEPARTMENT OF ADMINISTRATION USE ONLY					
Reviewing Analyst Grotchen Passum Phone 6-2288		SAI Number WI 970828-246			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received 8/28/97			
Signature Smithe A. Passum Date 9/2/97		Date Due 9/11/97			
COMMENTS:					