

000425



State of Minnesota  
Department of Finance

400 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155  
Voice: (612) 296-5900  
TTY/TDD: (612) 297-5353 or  
Greater Minnesota 800-627-3529  
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Fax: (612) 296-8685

DEPARTMENT: of Finance

DATE: March 31, 2000

TO: Senator Keith Langseth, Chair  
Senate Education Finance Committee

Senator Linda Berglin, Chair  
Senate Human Resources Finance Committee

Senator Richard Cohen, Chair  
Senate State Government Finance Committee

Representative Dave Bishop, Chair  
House Ways and Means Committee

FROM: Pamela Wheelock  
Commissioner

PHONE: 297-7881

SUBJECT: Additional Federal Funds -- Transmittal #2

RECEIVED

AUG 09 2000

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This change order advises you and your colleagues that, due to additional anticipated federal funds being received by various departments, the Governor's budget as submitted for the current biennium should be increased by \$9,797,300 for FY 2000 and \$32,070,800 for FY 2001.

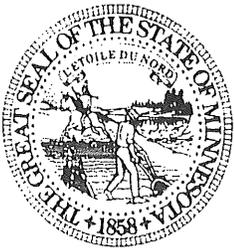
Only changes submitted under my signature should be considered as official changes in the Governor's budget. This procedure is necessary to ensure control over the general fund balance, as well as eliminate confusion regarding the Governor's recommendations.

Attached to this memorandum are copies of policy notes from agencies for the following federal grants as attached:



Agency/Grant Title	\$ in Thousands (\$000)	
	FY00	FY01
<b>Education, Children and Families</b>		
<b>Children, Families &amp; Learning</b>		
1. MN Advanced Placement Incentive Program	0.0	328.2
2. Title I - Appropriation for School Improvement	0.0	1,524.4
3. Refugee Children School Impact Grant	0.0	1,000.0
4. Federal Class Size Reduction	0.0	18,057.6
5. Healthy Child Care America	0.0	100.0
6. MN Child Care Research Partnership	300.0	200.0
7. Low-Income Home Energy Assistance Program (LIHEAP)	4,918.8	0.0
8. Grants to Implement Provision 2 & 3 of the National School Lunch Act	0.0	400.0
9. State Administration Expense Food and Nutrition	36.4	440.0
10. School to Work Implementation Grant Supplemental Funds	0.0	1,254.0
11. Communities Engaged in Enhancing Learning Through Service	0.0	121.1
12. Alternative Strategies: Grants to Reduce Student Suspensions and Expulsions	0.0	500.0
13. Common Links through Service Learning	0.0	222.1
<b>Health and Human Services</b>		
<b>Veterans Homes Board</b>		
1. Community Reintegration Program for Disabled Veterans	83.1	88.0
2. Dual Disorder Program	239.0	239.0
<b>Department of Human Services</b>		
1. Adoption Incentive Grants Per Foster Care Independence Act	542.0	0.0
2. Increase in Fed PATH Grant	0.0	63.0
3. Increase in Fed MH Block Grant	0.0	456.9
4. Employment Retention and Advancement Evaluation Project	3.3	6.7
<b>Department of Health</b>		
1. Agricultural Health and Safety: Work Safe, Work Smart	0.0	275.0
2. Expansion of Minnesota Cancer Surveillance as SEER	0.0	214.9
3. Childhood Agricultural Trauma Evaluation System	0.0	250.0
4. Development of Core State-Based Surveillance Model Programs	0.0	224.6
5. Agricultural Research, Extension and Teaching Policy	0.0	500.0
6. Collaborative Occupational Respiratory Disease System	0.0	229.5
7. Access to Health Insurance Coverage	0.0	483.4
8. Epidemiologic Approaches to Food Safety: Community based STEC Surveillance in Benton and Stearns counties, MN	0.0	49.3
9. Communities in Action for Children and Youth: Bridging Gaps & Building Healthy Futures	10.0	50.0
10. Environmental Tobacco Smoke & Asthma	0.0	40.0
11. Tools for Schools: Indoor Air Quality	0.0	50.0
12. Healthy Homes	0.0	400.0
13. National Risk Communication Conference	20.0	230.0
14. Effectiveness of a Machine Guarding Intervention	0.0	215.0

Agency/Grant Title	\$ in Thousands (\$000)	
	FY00	FY01
<b>Environment and Natural Resources</b>		
<b>Department of Natural Resources</b>		
1. Forest Legacy Grant	50.0	314.0
2. Minnesota Conservation Corps - AmeriCorps Grant	0.0	51.7
3. Land and Water Conservation Fund	0.0	334.1
4. Various Forest Stewardship Projects	20.0	62.0
<b>Pollution Control Agency</b>		
1. Air Toxic Inventory - Great Lakes Commission	0.0	45.0
2. Locating and Disposing of Hidden Sources of Mercury	0.0	30.0
3. Polybrominated Diphenyl Ethers - A Great Lakes Contaminant	0.0	160.0
4. Particulate Matter 2.5 microns (PM 2.5) Ambient Air Monitoring Network	0.0	580.3
5. Investigation of Brominated Flame Retardants	0.0	31.0
<b>Department of Agriculture</b>		
1. Food Code Issues Conference	5.0	0.0
2. Combined Pest Detection Funding	15.0	15.0
3. Agricultural "Clean Sweep" Pilot Project	8.0	15.0
4. Partnerships for Integrated Environmental Management Systems: Assessments on Private Lands	0.0	50.0
5. FSIS Program, assistance to the State for Meat and Poultry Insp.	147.7	0.0
6. FIFRA Consolidated Cooperative Agreement and Discretionary Funding for Fed FY 2000	587.0	207.0
7. CFSAN/FSI Food Safety Education Project	3.0	3.0
<b>Economic Development</b>		
<b>Department of Trade and Economic Development</b>		
1. Tornado Disaster Recovery Community Development Block Grant	1,800.0	1,885.0
2. Disaster Preparedness Internet Site	60.0	10.0
<b>Criminal Justice</b>		
<b>Department of Public Safety</b>		
1. National Domestic Preparedness Equipment Program	949.0	0.0
2. Path Forward Damage Prevention Grant	0.0	40.0
3. One Call Damage Prevention Grant	0.0	25.0
<b>TOTAL</b>	<b>\$ 9,797.30</b>	<b>\$ 32,070.80</b>



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## Policy Note

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 Federal Grant Assistance

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Department Name: Children, Families & Learning  Title of Project/Proposal: MN Advanced Placement Incentive Program  Federal Catalog Number: 84.330	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>7/1/2000</u> End Date: <u>7/1/2003</u>  Funding Amount: \$ <u>1,292,000.00</u> Indicate the break-down below:  FY: <u>2001</u> \$ Amt.: <u>\$328,200</u> FY: <u>2002</u> \$ Amt.: <u>\$481,200</u> FY: <u>2003</u> \$ Amt.: <u>\$483,200</u>  FTE: _____
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The Department of Children, Families & Learning has discretion in the staffing of the program and in the design of an application to meet the federal requirements.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

The primary goal of this grant is to increase the enrollment of low-income students in Advanced Placement (AP) courses, participation in AP exams, and the availability of AP courses in schools serving high poverty areas.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

Present program serves all students participating in AP/IB programs by paying a portion of fees and limited training for teachers. This program focuses exclusively on increasing number of student from low income families to participate in AP/IB programs. This grant will enable districts with low income students to provide training for teachers to prepare and mentor student at the middle level to ensure their readiness for AP/IB programs at the high school level. The grant will provide funding for technology based distance learning to enable students in small, rural schools with limited enrollment to participate.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 11.7%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 1 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No Not applicable
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No This grant neither increases nor decreases unemployment costs since existing staff are being used. We anticipate continued employment at the end of the grant.
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 4.07. Subd. 1, and M.S. 121.163
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3/28/00

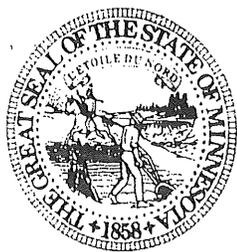
Date



Executive Budget Officer's Signature

3/30/00

Date



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## Policy Note

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Department Name: Children, Families & Learning  Title of Project/Proposal: Title I – Appropriation for School Improvement  Federal Catalog Number: 84.010A	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: July 1, 2000 End Date: June 30, 2001  Funding Amount: \$1,524,351 Indicate the break-down below: FY: 2001 \$ Amt.: 1,524,351 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: .25
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
 The Department of Children, Families & Learning must amend our State plan approved for Title I under the Improving America's Schools Act. This amendment is to be brief, but must describe the following: (1) the criteria the State will use to determine which school districts, among those eligible, will receive funds; (2) the criteria the State will use to determine how much each district will receive; and (3) the steps the State will take to ensure that each district receiving funds implements public school choice consistent with the appropriations statute. Therefore, the Department has a fair amount of latitude in establishing the criteria under which districts will receive these new funds for school improvement. The Department also has latitude in how it will administer the program.
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
 These new funds were allocated by Congress under Title I of the Improving America's Schools Act to provide schools identified for improvement with additional resources for their improvement efforts. 100% of these new funds must be distributed to the districts according to the criteria established by the Department. Districts accepting these new funds must provide students enrolled in the schools identified for improvement with an opportunity to transfer to another school within the district that has not been identified for improvement. If the number of requests exceed the spaces available, the district must establish a reasonable process for selecting students for the transfer. The only planned product of this grant is the addendum to the State plan.
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
 There is no specific state program established for these purposes, so it cannot be coordinated with any. However, school districts will be encouraged to build upon Minnesota's current open enrollment system to satisfy the public school choice provisions of the law.
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

Check here if no match is required.  X

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?  
The state is accepting a short-term commitment to implement this program according to the guidelines established by the U.S. Department of Education and the U.S. Congress. The state is not accepting any long-term commitments.

6. Are indirect costs included in the proposal?  Yes  No.  
a. If indirect costs are not included in the proposal, indicate reason.

This is an amendment to the Department of Children, Families & Learning's State Plan for Title I under the Improving America's Schools Act and 100% of the funds must be distributed to the districts according to federal law.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No

8. How many positions are needed to carry out this program? \_\_\_\_\_ New .25 Existing

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No Not Applicable

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No This grant neither increases nor decreases unemployment costs since existing staff is being used. We anticipate their continued employment at the end of the grant.

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

M.S. 4.07, Subdivision 1 and M.S. 121.163

14. Will the program involve a change in existing rules?  Yes  No

15. Will the program require new rules?  Yes  No

Accounting Coordinator's Signature

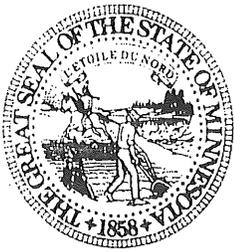
3/21/00

Date

Executive Budget Officer's Signature

3/30/00

Date



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Department Name: Children, Families & Learning  Title of Project/Proposal: Refugee Children School Impact Grant  Federal Catalog Number: 93.576	Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.  FY 2000 funds approved by LAC November 4, 1999 – Ten Day Review Order #3.	This award/proposal:  Start Date: Aug 15, 2000  End Date: August 14, 2001  Funding Amount: \$ <u>1,000,000</u> <small>Indicate the break-down below:</small>  FY: <u>2001</u> \$ Amt.: 1,000,000 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____  FTE: <u>1.0 Existing</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

CFL had a great deal of discretion in the development of activities and organization of this grant. The single overriding criterion was that the activities at both the state and local level must focus on improving instruction for refugee children.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

The purpose of the grant is to improve the quality of instruction of refugee children, either through direct instruction or support services. This program will support a sub-grant activity for six districts with a high number of refugees and will provide for new and updated materials including translation which will be available to all districts.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

In administering the sub-grant program, CFL will make approval contingent upon collaboration and coordination of programming under the sub-grant with an existing refugee community organization/cultural support group. In updating the materials, CFL will collaborate with the state level organizations devoted to refugee issues.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
Short: a one time sub-grant competition for sub-grants.  
Long: None.
6. Are indirect costs included in the proposal?  Yes  No.  
a. If indirect costs are not included in the proposal, indicate reason.  
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 11.7%  
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 1 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No  Not Applicable
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No  
b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No This grant neither increases nor decreases unemployment costs since existing staff are being used. We anticipate continued employment at the end of the grant.  
b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
MS 4.07, Subd. 1 and  
MS 121.163
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3/21/00

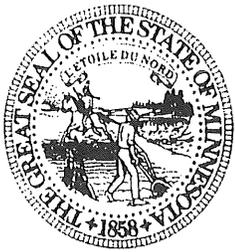
Date



Executive Budget Officer's Signature

3/31/00

Date



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## Policy Note

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Department Name: Children, Families & Learning  Title of Project/Proposal: Federal Class Size Reduction  Federal Catalog Number: 84.340	Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference. First year of grant approved under Dept of Finance Supplemental Budget Change Order #5 dated March 31, 1999	This award/proposal:  Start Date: 07/01/00 End Date: 06/30/01  Funding Amount: \$18,057,605 Indicate the break-down below:  FY: 2001 \$ Amt.: 18,057,605 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____  FTE: .5
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
 The Department of Children, Families & Learning has discretion in the staffing of the program and in the design of an application to meet the federal requirements. Although the application for FY 2001 has not yet been released, the U.S. Department of Education has indicated that it will be shorter than last year's application. It is very likely that the application will consist of a couple of cover pages and the standard federal forms.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
 The purpose of this initiative is to help school districts hire certified teachers to reduce class size to a national average of 18 in grades K-3. Reducing class size will help ensure that every child receives personal attention, gets a solid foundation for further learning, and learns to read independently by the end of third grade. Funds will be provided for teacher recruitment, hiring and training; for new teachers to take state competency tests; and for professional development.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
 The state provided school districts with over \$134 million in state aid to reduce class sizes, particularly in grades K-1. The Department of Children, Families & Learning has encouraged districts to combine efforts through the state program and the federal program so the children of the district will be served best. For districts that did not receive enough to hire a new teacher solely with the federal entitlement or the increase in state aid, the ability to co-fund a new teaching position worked well and allowed for close coordination of state efforts with the federal program.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %
2nd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %
3rd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %

Check here if no match is required.  X

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

The state is not making any long-term commitment by accepting these funds. Districts have been notified that these federal funds must be considered as a single year of funding only. The state is committing to administering the federal component of class reduction funding as stipulated in the program's regulations.

6. Are indirect costs included in the proposal?  Yes  No.

a. If indirect costs are not included in the proposal, indicate reason.

The funds for class size reduction will be administered under Title VI of the Improving America's Schools Act. The federal government already allows the state to keep funds for administration of Title VI programs. The US Department of Education has not found it necessary to provide an indirect costs provision.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No

8. How many positions are needed to carry out this program? \_\_\_\_\_ New  Existing

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No N/A

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?

Yes  No This grant neither increases nor decreases unemployment costs since existing staff are being used. We anticipate the continued employment of existing staff at conclusion of the grant.

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

M.S. 4.07, Subdivision 1 and M.S. 121.163

14. Will the program involve a change in existing rules?  Yes  No

15. Will the program require new rules?  Yes  No

Accounting Coordinator's Signature

3/21/00

Date

Executive Budget Officer's Signature

3/30/00

Date



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Department Name: Children, Families & Learning  Title of Project: Healthy Child Care America  Federal Catalog Number: 93.110	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>6/30/00</u> End Date: <u>9/30/03</u> Funding Amount: \$ <u>300,000</u> Indicate the break-down below:  FY: <u>01</u> \$ Amt.: \$100,000 FY: <u>02</u> \$ Amt.: \$100,000 FY: <u>03</u> \$ Amt.: \$100,000 FTE: <u>0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. States have the discretion to focus on any of the ten goals outlined by Healthy Child Care America. States choose strategies and activities. The application must demonstrate how the proposal addresses infrastructure building with health, outreach to uninsured families and their children and increasing the availability of quality child care.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The goal of this project is to increase quality child care options for families who have children with special needs. The focus for this project will be to increase the capacity of care for children with health and medical needs and emotional behavioral needs. The objectives of the project are:

1. Enhance outreach efforts and increase support for a child care health consultant statewide system.
2. Contribute to building a statewide system of support for families and providers who care for children with social and emotional concerns.
3. Strengthen collaborative efforts to reduce barriers for all families and children needing health or mental health services.

Activities include:

1. Participation in the National Training Institute for Health Consultants and promotion of "Caring for Our Children, Guidelines for Out-of-Home Child care Programs".
2. Expand on-site health consultations to family child care providers.
3. Establish a Latino special needs coordination site.
4. Coordinate with partner agencies including Health, Academy of Pediatrics, Human Services and the Child Care Resource and Referral agencies.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The program provides resources to carry out plans we will identify through a strategic planning process with MAP to Inclusive Child Care that provides technical assistance. Finding care for children with special needs in existing child care centers and family child care homes is an increasing challenge to families. This project will help decrease this gap. Stronger linkages will be formed with health services.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant:	Hard 100	%	Soft _____%
2nd year	\$ _____	Percentage of total grant:	Hard 100	%	Soft _____%
3rd year	\$ _____	Percentage of total grant:	Hard 100	%	Soft _____%

Check here if no match is required.  X

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  X No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?  
No new commitments beyond accomplishing goals.

6. Are indirect costs included in the proposal?  Yes  X No.

a. If indirect costs are not included in the proposal, indicate reason.

Entire amount will be awarded as grants for projects.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  X No

8. How many positions are needed to carry out this program? \_\_\_\_\_ New \_\_\_\_\_ Existing N/A

9. Will the award supply funding of present positions?  Partial  Full  N/A

10. Will new positions be funded entirely by the grant award?  Yes  No N/A

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No N/A

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off? N/A  
 Yes  No

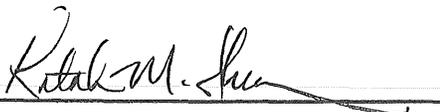
b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

M.S. 4.07, Subd. 1 and M.S. 121.163

14. Will the program involve a change in existing rules?  Yes  X No

15. Will the program require new rules?  Yes  X No



Accounting Coordinator's Signature

3/22/00

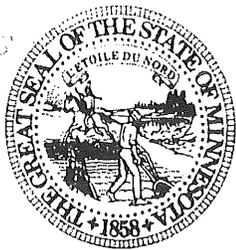
Date



Executive Budget Officer's Signature

3/23/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

### Notice of Application for Federal Grant Assistance

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Department Name: Children, Families & Learning  Title of Project/Proposal: MN Child Care Research Partnership  Federal Catalog Number: 93.647	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>7/1/00</u> End Date: <u>6-30-03</u> Funding Amount: \$ <u>700,000</u> Indicate the break-down below:  FY: <u>00</u> \$ Amt.: <u>300,000</u> FY: <u>01</u> \$ Amt.: <u>200,000</u> FY: <u>02</u> \$ Amt.: <u>200,000</u>  FTE: <u>.75</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

*Discretion in both administration/staffing and program area.*

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

*The proposed grant will fund the MN Child Care Research Partnership, a collaboration of state agencies, university researchers; selected counties, and the MN Child Care Resource & Referral Network to carry out policy - related research on how the affordability, availability and quality of child care impact families & children. Reports, research briefs, and law data will be released over the course of the three years.*

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

*While other research on child care is currently on-going in MN this proposal builds on these efforts. For example, this proposal will provide funding to conduct further analysis on data collected through the MN Household Child Care Survey and the Minnesota Family Investment Program Longitudinal Study conducted by the Department of Human Services. Administrative data from counties on child care assistance will be linked with employment and wage data from the Department of Economic Security for further analysis.*

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ <u>60,000</u>	Percentage of total grant: <u>20</u> %	Hard <u>      </u> %	Soft <u>100</u> %
2nd year	\$ <u>40,000</u>	Percentage of total grant: <u>20</u> %	Hard <u>      </u> %	Soft <u>100</u> %
3rd year	\$ <u>40,000</u>	Percentage of total grant: <u>20</u> %	Hard <u>      </u> %	Soft <u>100</u> %

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
*To carry out the provisions of the proposal.*
6. Are indirect costs included in the proposal?  Yes  No.  
a. If indirect costs are not included in the proposal, indicate reason.  
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 11.7 %  
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New .75 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No Not Applicable
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No  
b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No This grant neither increase nor decreases unemployment costs since existing staff are being used. We anticipate continued employment at the end of the grant.  
b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 4.07 Subd. 1 and M.S. 121.163.
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

Accounting Coordinator's Signature

Date

Executive Budget Officer's Signature

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

### Notice of Application for Federal Grant Assistance

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Department Name: Children, Families & Learning  Title of Project/Proposal: Low-Income Home Energy Assistance Program (LIHEAP)  Federal Catalog Number: 93.568	Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): Emergency supplemental funding
---	--

This request is in the following state:  <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference. Original amount approved in FY 2000-01 Biennial Budget page A74-A418	This award/proposal:  Start Date: <u>2/14/00</u> End Date: <u>9/30/99</u> Funding Amount: \$ <u>4,918,752</u> Indicate the break-down below:  FY: <u>2000</u> \$ Amt.: <u>4,918,752</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____  FTE: <u>0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
  
 There was no preparation or application process. Funds were awarded based on federal emergency formulas.
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
  
 It was an emergency allocation to supplement the LIHEAP activities. The State is required to expend funds according to the Minnesota State Plan developed in August 1998.
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
  
 The award is a supplement to the existing CFL LIHEAP program. It follows the existing FY 1999-2000 LIHEAP state plan.
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.  
  

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

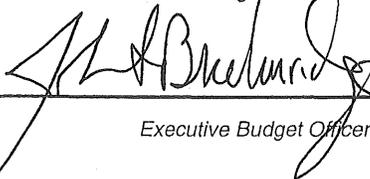
5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 11.7%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New \_\_\_\_\_ Existing N/A
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No N/A
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No This grant neither increases nor decreases unemployment costs since existing staff are being used. We anticipate the continued employment of existing staff at conclusion of the grant.
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 4.07, subd. 1; M.S. 121.163
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3/21/00

Date



Executive Budget Officer's Signature

3/23/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

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Department Name: Children, Families & Learning  Title of Project/Proposal: Grants to Implement Provision 2&3 of the National School Lunch Act  Federal Catalog Number: 10.555	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>7-1-00</u> End Date: <u>9-30-01</u> Funding Amount: \$ <u>400,000</u> Indicate the break-down below:  FY: <u>2001</u> \$ Amt.: <u>\$400,000.00</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____  FTE: _____
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The agency was allowed discretion in the administration/staffing of this grant.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

State Agencies to assist in identifying schools that can benefit from adopting alternative meal counting and claiming procedures (called Provision 2 and 3).

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

This program exists to assist local schools to receive the maximum amount of funding for their school lunch programs.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

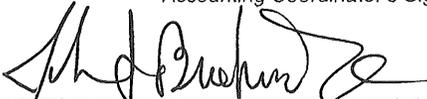
5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
No long term commitment. Short term to assist local/schools for term of award.
6. Are indirect costs included in the proposal?  Yes  No.  
a. If indirect costs are not included in the proposal, indicate reason.  
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 11.7 %  
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 4 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No Not Applicable
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No  
b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No [This grant neither increases nor decreases unemployment costs since existing staff are being used. We anticipate continued employment at the end of the grant.]  
b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 4.07, Subd. 1 and M.S. 121.163
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3/22/00

Date



Executive Budget Officer's Signature

3/24/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

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Department Name: Children, Families & Learning  Title of Project/Proposal: State Administration Expense  Federal Catalog Number: Food and Nutrition 10.560	Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain):  Additional Reallocation
---	---

This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>6-1-00</u> End Date: <u>9-30-01</u>  Funding Amount: \$ <u>476,360</u> Indicate the break-down below:  FY: <u>00</u> \$ Amt.: <u>36,360</u> FY: <u>01</u> \$ Amt.: <u>440,000</u> FY: _____ \$ Amt.: _____  FTE: <u>0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
  
 Agency had the discretion to choose staffing and type of projects to fund.
  
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
  
 Implement Food Distribution Business Transformation - Pilot Project and Integrity and Management Improvement Plan initiatives of the U.S. Department of Agriculture.
  
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
  
 Reallocation of Federal State Administration Expense (SAE) dollars by USDA - Washington. This is for additional projects that are covered by SAE.
  
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.  
  

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

Check here if no match is required.  \_\_\_\_\_

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
- No long term commitment. Short term commitment to projects listed in application.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 11.7 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 4 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No Not Applicable
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No [This grant should neither increase nor decrease unemployment costs since existing staff are being used. We anticipate continued employment at the end of the grant.]
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 4.07, Subd. 1 and M.S. 121.163
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

Accounting Coordinator's Signature

3/22/00

Date

Executive Budget Officer's Signature

3/29/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

### Notice of Application for Federal Grant Assistance

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Department Name: Department of Children, Families and Learning Title of Project/Proposal: School-To-Work Implementation Federal Catalog Number: Grant Supplemental Funds 17-249	Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): Supplemental transition funds
---	--

This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference. Original School to Work funds approved in FY 2000-2001 Biennial Budget pages A72 and A187.	This award/proposal:  Start Date: <u>Prior to September 30, 2000</u> End Date: <u>August 31, 2006</u> (5 year carryover allowed)  Funding Amount: <u>\$1,254,000</u> Indicate the break-down below:  FY: <u>2001</u> \$ Amt.: <u>1,254,000</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____  FTE: _____
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
  
 Proposal requires Minnesota to identify features or strategies to be implemented, but discretion on staffing and program features are given to the state.
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
  
 Proposal supports one of the national School-To-Work goals to ensure sustainability of the defining features of School-To-Work ( see attached).
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
  
 This proposal will be supplemental to present funding. These supplemental funds will be awarded to fund "transition" activities in States that first received Implementation Grants in FY 1996. Minnesota received School-To-Work funding under CFDA #17-250. Ninety percent of the funding must be passed down to local partnerships.
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.
 

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

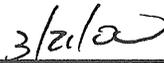
Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
Accomplish implementation strategies listed in grant.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.  
Indirect costs of 10% are included in the administrative funding allocation that will not exceed 10% of the total grant.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 10 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.  
Federal School-To-Work Legislation does not allow more than 10%.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New  Existing (3 partial)
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No  Not Applicable
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No N/A
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 4.07, Subdivision 1 and M.S. 121.163
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



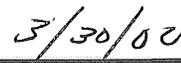
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date

The defining features of STW are grouped in the following four categories, which apply to structured activities for K-16 and beyond:

**What Learners Experience K-16 and Beyond:**

- Opportunities and equal access for all students;
- High academic standards for all students;
- Industry-recognized skill standards;
- Teaching and learning in the context of real-life applications and careers;
- Work-based learning connected to students' course work and career plans;
- Career development infused throughout the curriculum;
- Career pathways/career clusters; and
- Academic and technical curricula integrated within and across subject areas and grade levels.

**How State and Local Communities Support STW**

- Leadership from stakeholders;
- Business, industry and organized labor involvement;
- Community partnerships\*;
- Personnel, financing and other resources;
- Third-party intermediaries; and
- Legislation, policy, regulations and/or codes.

**How All Stakeholders Are Prepared to Participate**

- Training and professional development for all stakeholders, including mentor training, teacher and faculty externships; and
- Teacher credentialing, pre-service and in-service training.

**How We Know It Works**

- Student performance assessments;
- Revised graduation requirements;
- Revised postsecondary admissions requirements;
- Stakeholder feedback; and
- System evaluations.

*\* Community partnerships may include: parents, students, business, industry, organized labor, K-12 and postsecondary educators and administrators, community-based organizations, representatives of special populations, stakeholder organizations and associations, government agencies, locally elected officials and other key stakeholders.*





Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

**Policy Note**  
 Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Children, Families & Learning Title of Project/Proposal: Communities Engaged in Enhancing Learning through Service Federal Catalog Number: 94.004	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>10/2000</u> End Date: <u>10/2003</u> Funding Amount: \$ <u>311,909</u> Indicate the break-down below: FY: <u>2000-2001</u> \$ Amt: <u>121,090</u> FY: <u>2001-2002</u> \$ Amt: <u>133,089</u> FY: <u>2002-2003</u> \$ Amt: <u>57,730</u>  FTE: <u>.20 Existing</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

Agency had full discretion in preparation of the grant. The Minnesota Commission on National and Community Service is the applying agent for the grant.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

The purpose of this project is to enhance the assessment of service-learning by developing strong partnerships between community based organizations and schools. (See attachment for details)

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

Program is designed to expand the capacity to assess learning through service. Thus, the program will tie into graduation standards and other educational initiatives.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$240,000	Percentage of total grant: 66 %	Hard	_____ %	Soft	100 _____ %
2nd year	\$250,000	Percentage of total grant: 65 %	Hard	_____ %	Soft	100 _____ %
3rd year	\$242,270	Percentage of total grant: 80 %	Hard	_____ %	Soft	100 _____ %

Check here if no match is required. \_\_\_\_\_

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
The grant requires a commitment to fulfill the requirements and objectives set forth in the proposal.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 11.7 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New .20 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No  Not Applicable
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No This grant neither increases nor decreases unemployment costs since existing staff are being used. We anticipate their continued employment at the end of the grant.
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 4.07, subdivision 1 and M.S. 121.163
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date

Minnesota Commission on National and Community Service  
Learn and Serve America: Community-based Grant Proposal  
Communities Engaged in Enhancing Learning through Service (CEELS)

GOALS STATEMENT

Program Mission

CEELS will strengthen the capacity of agencies and schools to work in partnership to improve both service accomplished and learning by youth from service-learning projects.

CEELS Three Year Program Goals

Year I (2000-2001) - Phase 1: Pilot Models for Agency-School Collaboration

- a) State team develops four-six models for agency-school collaboration. Models will include essential elements for success, and methods for dialogue, joint goal-setting, integration of service-learning into school/organization, and evaluation of success. Models will address both agencies that host youth volunteers and youth-serving organizations that have their own service-learning programs. Models will build on existing works, particularly from the Points of Light Foundation (POLF) and Minnesota's Assessing Learning through Service (ALtS).
- b) Prepare, fund, and train eight training and technical assistance providers through subgrants. Provide ongoing opportunities for subgrantee discussion, training, and self-improvement.
- c) Eight subgrantees support 24 agencies and 16 schools in partnerships in order to pilot models of collaboration. State staff will guide subgrantees as they learn effective ways to support agency-school collaboration.
- d) Eight subgrantees develop training programs for community-based organizations in their networks.

Year II (2001-2002) - Phase 2: Pilot Training to Community-Based Organizations

- a) Create new training tools directed to community-based organizations (including video and study guide). Blend with existing tools, including POLF and ALtS materials.
- b) Eight subgrantees pilot their training programs to their community-based audiences. Provide ongoing opportunities for further subgrantee discussion, training, and self-improvement.
- c) Based on experience of subgrantees, develop training of trainers for training and technical assistance providers.

Year III (2002-2003) - Phase 3: Training of Trainers, with National Dissemination

- a) Through training of trainers, train Minnesota's network of training and technical assistance providers for organizations' volunteer managers.
- b) Disseminate training methods and tools nationally through presentations and publications.

## LEARN AND SERVE AMERICA OBJECTIVES SUMMARY FORM

Legal Applicant: Minnesota Commission on National and Community Service  
Program Name: Communities Engaged in Enhancing Learning through Service (CEELS)  
Date: February 22, 2000 Program Year: circle one: ① 2 3

**Please state your overall program goals in no more than one page and attach that goals statement to this form.** In the space below please list your program objectives, as indicated on line 6 of each of your objective worksheets. All objectives should lead directly toward fulfillment of your program goals.

### **Getting Things Done:**

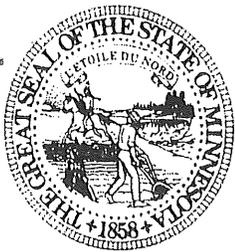
1. To tangibly improve their local communities, 800 youth will contribute at least 16,000 hours of service in 24 or more agencies, across a range of environmental and human service settings. Youth will directly improve the lives of 800 or more service recipients. Service site supervisors from each agency will identify at least two specific positive impacts made by youth in addressing significant needs of the agency's clients and/or community.

### **Strengthening Communities:**

2. To improve the capacity of agencies to partner with schools on service-learning programs, eight subgrantees will develop training and technical assistance programs. Each of 24 agencies directly supported by subgrantees in this first pilot year will report that aid from subgrantees has enabled them to better meet their organizational mission.
3. To improve the quality of service to the community and of learning opportunities for youth, eight subgrantees will support at least 24 agencies and 16 schools in local service-learning partnerships. Each partnership will set specific service-learning ongoing program outcome goals for both students and service recipients. Leadership teams for each partnership will report that 90% of these goals are being met within a year.
4. To improve the quality of service to the community and to enhance learning opportunities for youth, eight subgrantees will support at least 24 agencies and 16 schools in local service-learning partnerships. Each partnership will develop a process of written and verbal feedback by service site supervisors to youth. Each partnership will identify at least two specific ways in which this feedback process has improved the quality of service to agency clients and the community, and at least three specific ways this feedback has improved learning by youth.

### **Participant Development:**

5. To enable youth to realize the value of their service, and to help them evaluate and improve academic, social, and civic skills, 800 youth will receive verbal and written feedback on their service accomplishments from experienced service site supervisors. Site supervisors and youth will identify an average of five skills that youth seek to improve through their service. For at least 90% of youth, site supervisors and youth will each identify three or more skills on which youth have significantly improved over their period of service.
6. In order to improve the quality of their service to the community and the environment, 800 youth serving in 24 agencies will incorporate feedback from service site supervisors into their work. Site supervisors will identify at least one way in which the quality of each youth's service improved over the period of their service.
7. In order to develop youth leadership capacity, 24 agencies and 16 schools will involve 50+ youth in service-learning partnership teams. Teams will establish specific learning goals for leadership development. Youth and adults will report that 95% of youth have met all goals.



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

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 Federal Grant Assistance

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Department Name: Children, Families & Learning  Title of Project/Proposal: Alternative Strategies: Grants to Reduce Student Suspensions and Expulsions  Federal Catalog Number: 84.184H	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
---	--

This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>July, 2000</u> End date: <u>June 30, 2001</u>  Funding Amount: \$ <u>\$500,000.00</u> <small>Indicate the break-down below:</small> FY: <u>2001</u> \$ Amt.: <u>\$500,000.00</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____  FTE: <u>1.0 existing (anticipated)</u>
--	---	---

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The RFP has not yet been published. It is anticipated the RFP will be published in the Federal Register 3/29/00.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

The funds are for projects to enhance, implement and evaluate strategies to reduce the number and duration of suspensions and expulsions. Restorative processes to repair physical and emotional harm will be implemented in school discipline codes. They will be used instead of suspension and expulsion as a means of holding students accountable for violations and to determine their consequences. An evaluation of the effectiveness of the processes will be conducted with grantees. A final report will be published.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

The MN Legislature funded a pilot project to evaluate 4 schools use of restorative process to reduce suspensions and expulsions. The projects show promise and many other schools are requesting interest in the processes. This funding would enable CFL to continue and complete the evaluation of the pilots and provide training and evaluation funding for other districts.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

Check here if no match is required.  Information available to date does not indicate a match requirement.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

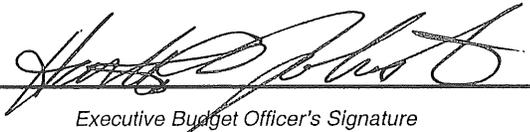
5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal?  Yes  No. Unless information in the RFP would prohibit or restrict indirect costs.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 11.7 % Unless information in the RFP would prohibit or restrict the indirect cost rate.
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 1.0 Existing <sup>(Anticipated)</sup>
9. Will the award supply funding of present positions?  Partial  Full  None <sup>unknown at this time</sup>
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 4.07, Subd. 1; M.S. 121.163
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3/22/08

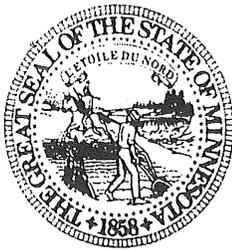
Date



Executive Budget Officer's Signature

3/30/08

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

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Department Name: Children, Families & Learning  Title of Project/Proposal: Common Links through Service-Learning  Federal Catalog Number: 94.004	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>10/2000</u> End Date: <u>09/2003</u> Funding Amount: \$ <u>687,107</u> Indicate the break-down below:  FY:2000-2001 \$ Amt.: <u>222,107</u> FY:2001-2002 \$ Amt.: <u>230,000</u> FY:2002-2003 \$ Amt.: <u>235,000</u>  FTE: <u>.5 New</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

Agency had leeway in determining program selection area. Administration/staffing is prohibited to no more than 5% of the total funds as defined by the Corporation for National Service.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

The purpose of this project is to create community partnerships that will facilitate the growth of service-learning as a teaching pedagogy, thus meeting the community needs. (See attachment for details)

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

Program is designed to link with several educational initiatives. Program will link with MEEP and character education to integrate service-learning into curriculum and graduation standards.

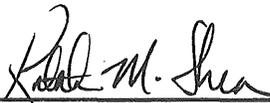
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$224,000	Percentage of total grant:52 %	Hard _____%	Soft 100 _____%
2nd year	\$235,000	Percentage of total grant:52 %	Hard _____%	Soft 100 _____%
3rd year	\$235,000	Percentage of total grant:50 %	Hard _____%	Soft 100 _____%

Check here if no match is required. \_\_\_\_\_

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
Commitment is to fulfill the requirements and objectives as set forth in the grant proposal.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 11.7 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? .5 New \_\_\_\_\_ Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 4.07, Subdivision 1 and M.S. 121.163
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3/21/00

Date



Executive Budget Officer's Signature

3/30/00

Date

## Program Goals

- To foster the growth of strong collaborative partnerships at the local level between community, higher education, and schools.
- To increase civic responsibility in all participants of our service-learning efforts.
- To incorporate service-learning into all teacher education departments throughout the state of Minnesota.
- To provide a “train the trainers” model for youth so as to develop youth leadership/ youth voice in service-learning.
- To become a national leader in service-learning through dissemination efforts.
- To create service-learning friendly policies in all higher education admission offices.

DRAFT

## LEARN AND SERVE AMERICA OBJECTIVES SUMMARY FORM

Legal Applicant Minnesota Department of Children, Families & Learning

Program Name Common Links through Service-Learning

Date: \_\_\_\_\_

Program Year: circle one: 1 2 3

Please state your overall program goals in no more than one page and attach that goals statement to this form. In the space below please list your program objectives, as indicated on line 6 of each of your objective worksheets. All objectives should lead directly toward fulfillment of your program goals.

### Getting Things Done:

1. To increase the role of youth leadership/ youth voice in service-learning through an annual youth leadership/ youth voice training for over 50 youth and 25 adults. We will measure change by the number of youth and adults in attendance at the training. Furthermore, we will conduct site visits to observe the role of youth in planning and implementation of service-learning programs.
2. To provide 25 teachers and 20 community-based organizations with workshops and training on integrating service-learning into curriculum and graduation standards, and assessment of student learning. This will result in the development of 10 service-learning projects that are tied to curriculum instruction. We will measure success through discussion groups at our semi-annual partnership meeting. We estimate that all participants will benefit from this effort.

### Strengthening Communities:

1. To create eight local level partnerships between community-based agencies, an institution of higher education, and at least one school to ensure that the program identifies and meets meaningful community needs, involves youth, and strengthens cross stream service-learning programs. As a result, the partnership satisfaction with the service-learning program will be at or above 80%. We will measure satisfaction through a survey at our semi-annual partnership meeting. We anticipate that all participants will benefit from this effort.
2. To provide semi-annual workshops for twenty-five faculty members of teacher education departments at our eight local partnerships. As a result, we will establish twenty courses at the higher education level that are addressing real community needs through service-learning. We estimate that 400 students will benefit from these efforts.

### Participant Development:

1. To increase civic responsibility of 3,200 participants through cross stream service-learning projects in all eight subgrantee partnerships. Partnerships will engage in cross stream service-learning projects that foster respect, responsibility, and positive relationships that foster diversity. We will determine student's change through pre and post reflection activities for each project. The students will show an average of a 50% increase of understanding and embracing civic responsibility.

## Timeline

### Year I (Oct 2000-Sept 2001)

- October- Present information at annual service-learning conference about the CHESP request for proposals.
- November- Send RFP's to interested agencies, schools, and higher ed.
- December- RFP's due and Review process begins.
- January- Selections made, award letters sent.
- March- Conduct Orientation Training for all selected partnerships
- June/July- Campus Compact conduct Institute for Teacher Ed departments  
National Youth Leadership Council will conduct a youth service-learning institute

### Year II (Sept 2001- August 2002)

- October- All partnerships participate in annual service-learning conference
- November- Semi-annual partnership meeting to discuss service-learning efforts  
RFP process to select 2 additional partnerships to link into project
- December- RFP's due
- January- Review RFP's, awards letter sent
- March- Semi-annual partnership meeting/ orientation of new partnerships
- Summer- Higher Ed institute  
Youth institute

### Year III: ( September 2002- August 2003)

- September- Begin site visits to all partnership sites to evaluate and begin compiling information for the service-learning manuals.
- October- All partnerships participate/ present in annual service-learning conference
- November- Semi-annual partnership meeting
- January- Training Manual compiled and reproduced
- March- Semi-annual partnership meeting held

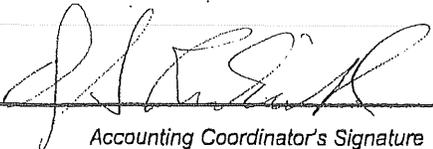
Summer-

Disseminate Training Manual to all partnerships, school districts, volunteer centers, and institutions of higher education.



**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New \_\_\_\_\_ Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

  
Accounting Coordinator's Signature

2/16/00  
Date

  
Executive Budget Officer's Signature

3/16/00  
Date

- 1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.**

This program was developed within two broad sets of parameters: that the program provide veterans with a less restrictive alternative to institutionalized care, in conjunction with other private and public agencies (Minn. Stat. §198.006); and that the program offer transitional housing to disabled, homeless individuals (disabled includes those with mental illness and/or substance abuse diagnoses)(federal grant requirements). Within those parameters, there was a great deal of flexibility as to programmatic development.

- 2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.**

Purpose - To provide a transitional residence for physically and mentally disabled veterans.

Goal: Two year transitional housing ending with permanent independent living.

Objective 1 – Permanent employment at a “living wage” level.

Objective 2 – Continued therapeutic stabilization of chemical abuse, mental health issues.

Objective 3 – Community socialization.

Objective 4 – Development and mastering of independent living activities.

Activity – The program will offer assistance in daily living skills, adjustment to appropriate employment, and maintenance of stabilized mental and physical health, in order to allow the individuals to engage in productive healthy living.

Product – Individuals who successfully complete the program will be able to return to independent living.

- 3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.**

There are very few (public or private) programs within the state that offer transitional housing programs to individuals who are disabled due to mental illness and/or substance abuse. This program seeks to provide that opportunity to eligible veterans, who have first stabilized their medical issues at the Hastings Veterans Home. This program differs from the boarding care program at the Hastings facility, in that it allows participants to prepare for independent living (not possible at the facility) in a transitional setting that provides a “safety net” and appropriate supportive services.

The program will coordinate therapeutic and other services with federal, state, county and private referral agencies. For instance, primary medical treatment will be provided by the U.S. Department of Veterans Administration with supportive/augmented treatment/therapy provided by the Hastings Veterans Home and local social service

agencies. This program is intended as a partnership between private and government agencies at many levels.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1 <sup>st</sup> year	<u>\$103,355</u>	Percentage of total grant	<u>43%</u>	Hard	<u>36%</u>	Soft	<u>7%</u>
2 <sup>nd</sup> year	<u>\$ 20,855</u>	Percentage of total grant	<u>9%</u>	Hard	<u>2%</u>	Soft	<u>7%</u>
3 <sup>rd</sup> year	<u>\$ 15,855</u>	Percentage of total grant	<u>7%</u>	Hard	<u>0%</u>	Soft	<u>7%</u>

Check here if no match is required.

5. a. Does the grant contain a maintenance of effort requirement?  No.  
 Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?

Short Term - Program development, project coordination, and "startup" costs.

Long Term - 20 year commitment contingent upon program success.

6. Are indirect costs included in the proposal?  Yes  No.

- a. If indirect costs are not included in the proposal, indicate reason.

N/A

- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 5 %

\$11,387

- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

5% is the maximum amount allowed under the grant. No federal rate was ever established.

7. Are indirect costs part of any match?  Yes  No

8. How many positions are needed to carry out this program? .5 New .5 Existing

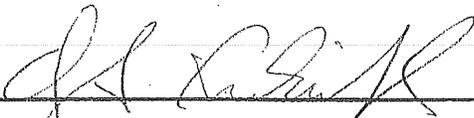
9. Will the award supply funding of present positions?  Partial  Full  
 None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  
 Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  
 No
13. Legal authority to apply for and accept grant.
- Pursuant to Minnesota Statute Section 198.006 the Minnesota Veterans Homes are charged with developing less restrictive alternatives to institutionalization for Veterans. This grant was developed within the parameters set by that Statute.
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No





**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
3 years - provision of services under this program that is the subject of the grant
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ 5 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.  
5% is the maximum amount allowed under the grant. No federal rate was ever established.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New \_\_\_\_\_ Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
Minn. Stat. 198.006 authorizes the Board to engage in programs for veterans that are rehabilitative (less restrictive alternative to institutionalization)
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

  
Accounting Coordinator's Signature

  
Date

  
Executive Budget Officer's Signature

  
Date

Responses for Policy Note: Minneapolis Veterans Home HUD Grant  
Dual Disorder Program

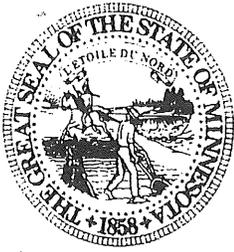
- 1) The parameters for the application were broad; however, the following requirements applied:
  - a) program was designed to provide an alternative to long-term institutional care of veterans (state statutory provision, Minn. Stat. 198.006);
  - b) program was developed to meet the needs of homeless veterans, individuals who are disabled (including those who are disabled due to mental illness or chemical dependency) – requirements for HUD grant
- 2) The Minneapolis Veterans Home applied for this HUD grant, in order to develop a Dual Disorder Program (“DDP”), to serve homeless veterans who require stabilization and treatment of their combined mental health and chemical dependency disabilities.

The objectives and goals of the DDP are as follows:

- a) Develop a one-stop triage program, in conjunction with other programs that serve veterans, to determine what type of treatment or stabilization and rehabilitation program best suits the individual’s needs. The “one-stop” concept is designed to provide as much joint assistance to veterans requiring services so that the individuals served are not required to bounce from one program to another to find the services that best meets their needs.
  - b) For individuals eligible for DDP, the program will offer a stabilizing environment, to assure that the individual is receiving appropriate medical and pharmacological care, social services and living skills training.
  - c) DDP will also offer rehabilitative services to veterans enrolled in the program, in order that they might return to independent living.
  - d) The program is designed for short-term, transitional housing services for disabled veterans (specifically those who are dually diagnosed); average length of stay is expected to be 9 – 18 months.
- 3) There are very few programs, either public or private, that provide a therapeutic milieu for dually diagnosed (diagnosed with mental health and substance abuse disorders) individuals, particularly those who require transitional housing services. This program is designed to offer a stabilizing and rehabilitative environment for veterans suffering from mental illness and substance abuse. Most programs available in the state are attached to inpatient programs, and even the availability of inpatient services are decreasing.

There do not appear to be any programs at this time that offer one-stop consultation and program advice for veterans. This is an important feature of this program, as the people the DDP is intended to serve are ill-equipped to seek out therapeutic programs on their own.

The DDP will enter into partnership arrangements with other programs that provide medical, mental health, substance abuse and housing assistance to veterans, including but not limited to the VA Medical Centers in Minneapolis and St. Cloud, the Minnesota Assistance Council for Veterans, and the Prodigal and Heileman House programs.



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

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Department Name: <i>Department of Human Services</i> Title of Project/Proposal: <i>Adoption Incentive Grants Per Foster Care Independence Act (HR 3443)</i> Federal Catalog Number: <i>CFDA#:93.603</i>	Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): <i>Performance Award</i>
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This request is in the following state:  <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference. <i>Increase to Laws of 1999, Chapter 245, Art. 1, Subd. 3</i>	This award/proposal:  Start Date: <u>Feb. 2000</u> End Date: _____ Funding Amount: \$ <u>Total: \$542,000</u> Indicate the break-down below: FY:2000 _____ \$ Amt.: \$542,000 _____ FY: 2001 _____ \$ Amt.: _____ FY: 2002 _____ \$ Amt.: _____  FTE: <u>0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
*The federal government awarded these funds to Minnesota based on its performance in getting children adopted.*
  
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
*The purpose of the grant award is to incent states to increase efforts to find permanent families for children and to reward those states that increase adoptions from one year to the next. This is the second award to Minnesota this state fiscal year as a result of passage of the Foster Care Independence Act of 1999 (Public Law 106-169). The first award (\$481,000) was issued to the state in late September and DHS allocated the funds to the counties in proportion to each county's numerical contribution to getting children adopted. These funds are intended for counties to continue to strengthen their adoption efforts.*
  
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
*The state's Adoption Assistance program provides cash assistance to families to cover the costs of adopting special needs children. These federal adoption incentive funds are intended for counties to continue to strengthen their adoption efforts.*
  
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.
 

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

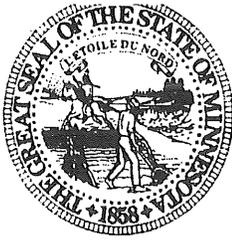
5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
*None*
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. NA %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? 0 New  Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No  NA
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No  NA
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No  NA
- b. If yes, has provision been made to provide the necessary funding?  Yes  No  NA
13. Legal authority to apply for and accept grant.  
*256.01 provides general authority. 1999 Laws of Minnesota, Chapter 245, Art. 1, Subd. 3 permits acceptance of the award.*
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

  
\_\_\_\_\_  
Accounting Coordinator's Signature

3-28-00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Executive Budget Officer's Signature

5/28/00  
\_\_\_\_\_  
Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

**Policy Note**  
 Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate.

Department Name: <b>Human Services</b> Title of Project/Proposal: <b>Increase in Fed PATH Grant</b> Federal Catalog Number: <b>93.150</b>	Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): <b>This is an increase in an on-going grant.</b>
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This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: <u>7/1/00</u> End Date: <u>ongoing</u> Funding Amount: \$ <u>\$63,000 per year</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>\$63,000</u> FY: <u>02</u> \$ Amt.: <u>\$63,000</u> FY: <u>03</u> \$ Amt.: <u>\$63,000</u> FTE: <u>- 0 -</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
**The federal PATH grant allows states considerable latitude within the limits of federal law. Funds must be used for mental health services for people who are homeless. Administration is limited to 4%.**

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
**These funds will be used for expand mental health services for people who are homeless. A full description of the use of these funds will be included in the federal grant application and subsequent federal reports.**

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
**This is an expansion of the existing federal PATH grant. Funds are used to meet service needs that cannot be met through other sources.**

4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year \$21,000	Percentage of total grant: 33 %	Hard 33 %	Soft ___ %
2nd year \$21,000	Percentage of total grant: 33 %	Hard 33 %	Soft ___ %
3rd year \$21,000	Percentage of total grant: 33 %	Hard 33 %	Soft ___ %

**Note: Minnesota will be able to count the extra match it already spends for the PATH program. New funds will not be required.**

Check here if no match is required.

5. a. Does the grant contain a maintenance of effort requirement? \_\_\_ No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.

**Federal law prohibits states from using these federal funds to replace existing spending.**

- b. What short and long term commitments is the state making by acceptance of this grant?

**The state agrees to use the funds as required by federal law. Otherwise, there are no additional commitments beyond those already being made for the existing level of this grant.**

6. Are indirect costs included in the proposal? \_\_\_ Yes  No.  
a. If indirect costs are not included in the proposal, indicate reason.

**No state positions are funded from this grant; The federally approved cost allocation plan for DHS allocates indirect costs based on FTE.**

- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

**Indirect costs are based on the federally approved cost allocation plan.**

- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match? \_\_\_ Yes  No

8. How many positions are needed to carry out this program? None New .5 Existing  
(Approximately a .5 FTE is used to administer the existing program – no additional FTE will be needed for this expansion.)

9. Will the award supply funding of present positions? \_\_\_ Partial \_\_\_ Full  None

10. Will new positions be funded entirely by the grant award? N/A Yes \_\_\_ No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued? \_\_\_ Yes  No

- b. Is continuation of positions a condition of receiving the federal grant? \_\_\_ Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes \_\_\_ No

- b. If yes, has provision been made to provide the necessary funding?  Yes \_\_\_ No

13. Legal authority to apply for and accept grant. M.S. 245.70

14. Will the program involve a change in existing rules? \_\_\_ Yes  No

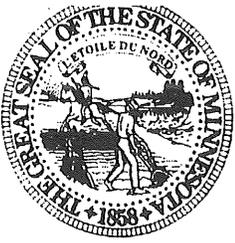
15. Will the program require new rules? \_\_\_ Yes  No

  
\_\_\_\_\_  
Accounting Coordinator's Signature

2-9-00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_

3/16/00  
\_\_\_\_\_



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate.

Department Name: <b>Human Services</b>  Title of Project/Proposal: <b>Increase in Fed MH Block Grant</b>  Federal Catalog Number: <b>93.958</b>	Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): <b>This is an increase in an on-going grant.</b>
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This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application  <input type="checkbox"/> Application  <input type="checkbox"/> Negotiation  <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>7/1/00</u> End Date: <u>ongoing</u>  Funding Amount: \$ <u>\$456,944 per year</u> Indicate the break-down below:  FY: <u>01</u> \$ Amt.: <u>\$456,944</u> FY: <u>02</u> \$ Amt.: <u>\$456,944</u> FY: <u>03</u> \$ Amt.: <u>\$456,944</u>  FTE: <u>1.0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
**The federal mental health block grant allows states considerable latitude within the limits of federal law. Funds must be used for mental health services. Administration is limited to 5%. State law (M.S. 245.70 – 245.718) provides additional requirements.**
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
**These funds will be used for innovative mental health services. As required by federal law, DHS will consult with the State MH Advisory Council in developing a specific plan. A full description of the use of these funds will be included in the federal grant application and subsequent federal reports.**
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
**This is an expansion of the existing federal mental health block grant. Funds are used to meet service needs that cannot be met through other sources.**
4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.
 

1st year \$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %
2nd year \$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %
3rd year \$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %

Check here if no match is required.

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.

**Federal law requires states to maintain expenditures for community mental health services at a level that is not less than the average of such expenditures maintained by the state for the 2-year period preceding the fiscal year for which the state is applying for the grant.**

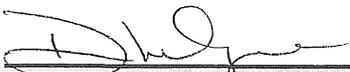
- b. What short and long term commitments is the state making by acceptance of this grant?

**The state agrees to use the funds as required by federal law. Otherwise, there are no additional commitments beyond those already being made for the existing level of this grant.**

6. Are indirect costs included in the proposal?  Yes  No.  
a. If indirect costs are not included in the proposal, indicate reason.  
b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

**Indirect costs are based on the federally approved cost allocation plan.**

- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? **1.0** New  Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No  
b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No  
b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant. **M.S. 245.70**
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

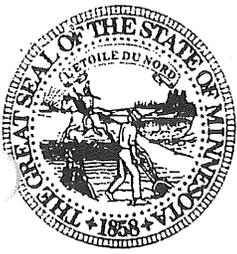
  
Accounting Coordinator's Signature

2-9-00

Date



3/16/00



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

### Notice of Application for Federal Grant Assistance

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Department Name: Department of Human Services  Title of Project/Proposal: Employment Retention and Advancement Evaluation Project  Federal Catalog Number: 93-647	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: 5/1/00  End Date: 11/1/00  Funding Amount: \$10,000  FTE:
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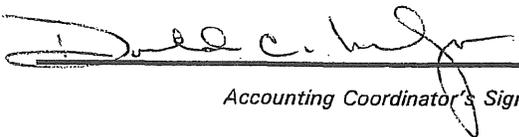
1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
  
 The Department of Human Services was given wide latitude in the area of application preparation as long as the proposal met the requirements of the program instruction and the goals of the Administration for Children with Families.
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
  
 The purpose of the proposed Employment Retention and Advancement grant is to develop and design a particular strategy for testing employment retention and advancement based on the results of MFIP field trials, the information in the longitudinal study, and consultation with local agencies and employment providers.
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
  
 This planning process is similar in design to the one that was used in the development of the MFIP program. Coordination will occur through planning meetings with others from both within and outside the department.
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year:
 

1st year \$	Percentage of total grant: ___%	Hard ___%	Soft ___%
2nd year \$	Percentage of total grant: ___%	Hard ___%	Soft ___%
3rd year \$	Percentage of total grant: ___%	Hard ___%	Soft ___%

Check here if no match is required.

Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
The state is committed to a six-month planning process.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.  
EXPENSES ONLY COVER TRAVEL. THERE WILL BE NO OTHER EXPENDITURES
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New  Existing  None
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
Minnesota Statutes Sections 256.01
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

  
Accounting Coordinator's Signature

3-27-00  
Date

  
Executive Budget Officer's Signature

3/27/00  
Date

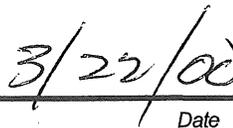


**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
- The State is agreeing to carry out the activities specified in the grant but has no commitment beyond that.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? 3 New \_\_\_\_\_ Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.
- M.S. 144.0742
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



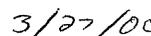
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

**Policy Note**  
 Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Health  Title of Project/Proposal: Expansion of Minnesota Cancer Surveillance as SEER  Federal Catalog Number:	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):													
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: 12/01/2000 End Date: 08/01/2003 Funding Amount: \$982,483 for 32 months FY 01: 214,918 02: 368,431 03: 368,431 FTE: 5												
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.          This would be a contract with the National Cancer Institute. The deliverables will be clearly defined, but our methods to attain the deliverables will be designed by us.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.          The purpose of the contract is to expand the activities of the MCSS, the state's cancer registry. Specifically, the goals relate to collecting more information about cancer diagnosis, treatment, and survival among American Indians living in Minnesota.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.          This contract adds features to the existing cancer surveillance system, which will enhance the public health usefulness of the data collected, especially for the American Indian population within Minnesota. Little is known about how cancer in Northern Plains Indians compares to cancer in Southwestern American Indians. The activities would be integrated into the existing operations of the Minnesota Cancer Surveillance System.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;">1st year \$</td> <td style="width:25%;">Percentage of total grant: 0%</td> <td style="width:25%;">Hard ___%</td> <td style="width:25%;">Soft ___%</td> </tr> <tr> <td>2nd year \$</td> <td>Percentage of total grant: 0%</td> <td>Hard ___%</td> <td>Soft ___%</td> </tr> <tr> <td>3rd year \$</td> <td>Percentage of total grant: 0%</td> <td>Hard ___%</td> <td>Soft ___%</td> </tr> </table> <p>Check here if no match is required. <input checked="" type="checkbox"/></p>			1st year \$	Percentage of total grant: 0%	Hard ___%	Soft ___%	2nd year \$	Percentage of total grant: 0%	Hard ___%	Soft ___%	3rd year \$	Percentage of total grant: 0%	Hard ___%	Soft ___%
1st year \$	Percentage of total grant: 0%	Hard ___%	Soft ___%											
2nd year \$	Percentage of total grant: 0%	Hard ___%	Soft ___%											
3rd year \$	Percentage of total grant: 0%	Hard ___%	Soft ___%											

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
NONE
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? 5 New  Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
P.L. 92-218  
M.S. 144.05  
M.S. 144.074
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

David Hovet (ms)

Accounting Coordinator's Signature

3/24/2000

Date



Executive Budget Officer's Signature

3/27/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

**Policy Note**  
 Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Minnesota Department of Health Title of Project/Proposal: Childhood Agricultural Trauma Evaluation System Federal Catalog Number: OH-00-005		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: August 1, 2000 End Date: July 31, 2004 Funding Amount: \$1,000,000 FTE: 2.5 FY 01: 250,000 02: 250,000 03: 250,000

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The agency has full latitude in the application process.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

The purpose of this grant is to determine the incidence of agricultural injuries among adolescents in 9th through 12th grades by working with a sample of schools in Minnesota's rural counties. This information will be used to help identify possible methods for preventing these injuries.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

This is a new application, but it builds upon information gathered through a NIOSH cooperative agreement titled Community Partners for Healthy Farming: Investigation and Surveillance of Agriculture-related Injuries and Fatalities which will be ending on September 30, 2000. The current project has been limited to Meeker, McLeod and Sibley counties while the new grant will work with schools in rural counties throughout Minnesota.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%
2nd year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%
3rd year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%

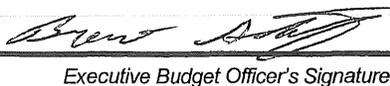
Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
- The State is agreeing to carry out the activities specified in the grant but has no commitment beyond that.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? 2.5 New  Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.
- M.S. 144.0742
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

  
Accounting Coordinator's Signature

3/22/00  
Date

  
Executive Budget Officer's Signature

3/27/00  
Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

**Policy Note**  
 Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Minnesota Department of Health Title of Project/Proposal: Development of Core State-Based Surveillance Model Programs Federal Catalog Number:	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
--	--

This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: September 29, 2000 End Date: September 28, 2004 Funding Amount: \$ 1,198,000 FTE: 2.0 FY 01: 224,625 02: 299,500 03: 299,500
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Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
 The applicant has full latitude in grant preparation.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
 The purpose of this grant to: (1) Expand the existing Minnesota-based Sentinel Event Notification System for Occupational Risks (SENSOR) Amputation Surveillance System and the Serious Work-Related Trauma Surveillance System (SWRTSS) to include North Dakota and South Dakota. (2) Determine the feasibility of establishing a regional core system for identifying individuals with serious work-related trauma by utilizing both a hospital-based system (SWRTSS) and workers compensation-based system (SENSOR Amputations). (3) Determine the magnitude, distribution, etiology, and outcome of serious work-related trauma.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The proposed project is a new grant program funded by the National Institute for Occupational Safety and Health (NIOSH).  
 The proposal builds upon existing work at the MDH through two federal grants titled Sentinel Event Notification System for Occupational Risks: Amputation Injuries and Surveillance for Serious Work-Related Trauma. Information from these two projects will be utilized to test the feasibility of creating a multi-state core surveillance model for serious work-related trauma.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%
2nd year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%
3rd year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

The State is agreeing to carry out the activities specified in the grant but has no commitment beyond that.

6. Are indirect costs included in the proposal?  Yes  No.

a. If indirect costs are not included in the proposal, indicate reason.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No

8. How many positions are needed to carry out this program? 2 New  Existing

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  Yes  No

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

M.S. 144.0742

14. Will the program involve a change in existing rules?  Yes  No

15. Will the program require new rules?  Yes  No

David Hovet (ms)

Accounting Coordinator's Signature

3/24/2000

Date

Bruce [Signature]

Executive Budget Officer's Signature

3/27/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

**Policy Note**  
 Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Minnesota Department of Health Title of Project/Proposal: Agricultural Research, Extension and Teaching Policy Federal Catalog Number:		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: <u>August - October -2000</u> End Date: <u>August - October 2003</u> Funding Amount: <u>\$500,000</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>500,000</u> FY: <u>02</u> \$ Amt.: <u>500,000</u> FY: <u>03</u> \$ Amt.: <u>500,000</u> FTE: <u>2.0</u>

- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
  
 Multi-state multi agency support to enhance food safety. Prepare and deliver a program to health professional to update knowledge on microbiological food safety and potential of food irradiation to reduce foodborne illness.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
  
 Funds should be used to coordinate various state agency activities and to share information to assure a coordinated and consistent message.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.  
  

1st year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%
2nd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%
3rd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%

 Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

The state is agreeing to carry out coordination, outreach and food safety promotion activities specified in grant, but no commitment beyond that.

6. Are indirect costs included in the proposal?  Yes  No.

a. If indirect costs are not included in the proposal, indicate reason.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No

8. How many positions are needed to carry out this program? 2.0 New \_\_\_\_\_ Existing

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  Yes  No

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

M.S. 144.0742

14. Will the program involve a change in existing rules?  Yes  No

15. Will the program require new rules?  Yes  No

David Hovet (ms)

Accounting Coordinator's Signature

3/24/2000

Date

Ben [Signature]

Executive Budget Officer's Signature

3/27/00

Date



**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? 2.5 New  Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 144.0742
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

*David Howell (ms)*

Accounting Coordinator's Signature

3/24/2000

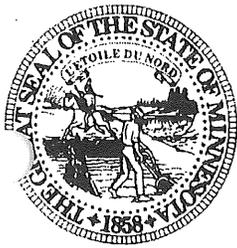
Date

*Bruce Smith*

Executive Budget Officer's Signature

3/27/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

### Notice of Application for Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Health  Title of Project/Proposal: Access to Health Insurance Coverage  Federal Catalog Number:	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal: unknown  Start Date: <u>10/00</u> End Date: <u>9/03</u>  Funding Amount: \$ <u>\$1.5 million</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>483,353</u> FY: <u>02</u> \$ Amt.: <u>275,043</u> FY: <u>03</u> \$ Amt.: <u>458,844</u> FTE: <u>2</u>															
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>Unknown - request for applications has not yet been issued by the Health Resources and Services Administration. See attached for description of funds (appropriation for federal FY 2000) and purpose. Deadline for applications is expected to be mid-July 2000.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>To study the characteristics of Minnesotans who lack health insurance coverage and develop plans for providing health access to health insurance to all residents of the state. The study is expected to include in-depth survey(s) of Minnesota residents and/or employers.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>There are no existing state programs that allow for in-depth study of the characteristics of the uninsured. Survey results will be analyzed in the context of existing state programs (eg MinnesotaCare) to develop strategies for expanding coverage to Minnesotans who remain uninsured. The study will also build on the results of previous research conducted at the University of Minnesota.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1st year</td> <td style="width: 25%;">\$ _____</td> <td style="width: 25%;">Percentage of total grant: ___%</td> <td style="width: 25%;">Hard ___%</td> <td style="width: 25%;">Soft ___%</td> </tr> <tr> <td>2nd year</td> <td>\$ _____</td> <td>Percentage of total grant: ___%</td> <td>Hard ___%</td> <td>Soft ___%</td> </tr> <tr> <td>3rd year</td> <td>\$ _____</td> <td>Percentage of total grant: ___%</td> <td>Hard ___%</td> <td>Soft ___%</td> </tr> </table> <p>Check here if no match is required. <input checked="" type="checkbox"/></p>			1st year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%	2nd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%	3rd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%
1st year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%													
2nd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%													
3rd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%													

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

Acceptance of this grant would not commit the state to using any state funds. In the short term, the state would commit itself to conduct studies of Minnesota's uninsured and strategies for making health insurance coverage available to all residents of the state. In the long term, there are no new commitments; the state would continue efforts to ensure that all Minnesotans have access to affordable, quality health care coverage.

6. Are indirect costs included in the proposal?  Yes  No.

a. If indirect costs are not included in the proposal, indicate reason.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No

8. How many positions are needed to carry out this program?  New  Existing (Actual # unknown)

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  Yes  No

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

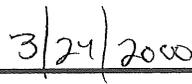
Minnesota Statutes 144.074

14. Will the program involve a change in existing rules?  Yes  No

15. Will the program require new rules?  Yes  No



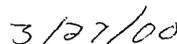
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

### Notice of Application for Federal Grant Assistance

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Department Name: Health  Title of Project/Proposal: Epidemiologic Approaches to Food Safety: Community based STEC Surveillance in Benton and Stearns counties, MN  Federal Catalog Number:	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>10/01/00</u> End Date: <u>09/30/03</u> Funding Amount: \$ <u>197,344</u> Indicate the break-down below:  FY: <u>01</u> \$ Amt.: <u>49,335</u> FY: <u>02</u> \$ Amt.: <u>65,782</u> FY: <u>03</u> \$ Amt.: <u>65,782</u> FY: <u>04</u> \$ Amt.: <u>16,445</u> FTE: <u>1.38</u>
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Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

MDH is a subcontractor on this competitive grant, and complete discretion for staffing and partial discretion in program selection (joint decision making with principal investigators). The department will not be directly responsible for administration of the grant.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

This study will be conducted in conjunction with the University of Minnesota and the Minnesota Department of Agriculture. The study is designed to identify sources of contamination which lead to foodborne illnesses by a type of bacteria known as Shiga-toxin producing *Escherichia coli* (STEC), which is normally associated with cows. Possible environmental sources leading to human illness will be traced back through food processing plants and supplier farms in two Minnesota counties. The final goal of the project is to develop strategies to reduce the risk of STEC transmission in agricultural communities.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

The Minnesota Department of Health has active, ongoing programs to discover and understand the extent of STEC-related illness in Minnesota. The proposed study will complement existing programs by examining the key links between human illness and the bovine reservoir, and may lead to control strategies which can be implemented by MDH and other governmental agencies.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%
2nd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%
3rd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%

Check here if no match is required.

Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

The State is committing to developing new laboratory assays and conduct testing specified in the proposal.

6. Are indirect costs included in the proposal?  Yes  No.

a. If indirect costs are not included in the proposal, indicate reason.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No

8. How many positions are needed to carry out this program? 1.38 over 3 years New \_\_\_\_\_ Existing

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No

We may add FTE's from other grants to equal a full FTE / year

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?

Yes  No

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

M.S. 144.074

14. Will the program involve a change in existing rules?  Yes  No

15. Will the program require new rules?  Yes  No

David Hovet (MB)

Accounting Coordinator's Signature

3/24/2000

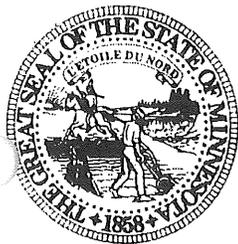
Date

[Signature]

Executive Budget Officer's Signature

3/27/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

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Department Name:	Minnesota Department of Health	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal:	Communities in Action for Children and Youth: Bridging Gaps & Building Healthy Futures	
Federal Catalog Number:	CDFA# 93.110AR	

This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>5/1/00</u> End Date: <u>1/31/03</u>  Funding Amount: <u>\$50,000 grant</u> Indicate the break-down below: (In kind \$52,550 MDH & DHS)  FY: <u>2000</u> \$ Amt.: <u>10,000</u> FY: <u>2001</u> \$ Amt.: <u>50,000</u> FY: <u>2002</u> \$ Amt.: <u>50,000</u> FY: <u>2003</u> \$ Amt.: <u>40,000</u> FTE: <u>1.9</u>
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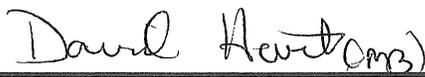
1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Applications were restricted to develop, implement and/or refine community integrated service systems for children.
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
Integrate systems of services to address the continuum of mental health needs (prevention, early identification, and service interventions) for all children in Minnesota including children with special health care needs and other children at risk for the development of mental, behavioral, and emotional problems.
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
Proposed program will be a coordinated effort of the MCH and MCSHN Programs within the Division of Family Health as well as with the Children's Mental Health Unit at the Department of Human Services. Other agencies will also be brought into this collaboration including Department of Children, Families & Learning and Department of Justice.
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.  
There is a match from Health as well as DHS but not required
 

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

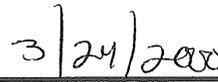
 Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
- Identify continuum of promising practices in mental health promotion for children and their families.
  - Train public health professionals to facilitate local partners in developing service system.
  - Work with communities to develop plan to address mental health needs of "at risk" children.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? .7 New 1.2 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No existing positions
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
MS 144.074
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



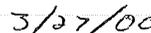
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date

FI-00211-04 (10/99)



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

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Department Name: Health  Title of Project/Proposal: Environmental Tobacco Smoke & Asthma  Federal Catalog Number: not known yet	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>09/00</u> End Date: <u>09/01</u>  Funding Amount: \$ <u>50,000</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>40,000</u> FY: <u>02</u> \$ Amt.: <u>10,000</u> FY: _____ \$ Amt.: _____  FTE: <u>0.50</u>
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Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The US Environmental Protection Agency (EPA) is providing funds for a specific program area. State programs will have discretion for staffing and administration of program responsibilities

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

EPA is providing funds for education and outreach regarding how environmental tobacco smoke (ETS), also known as secondhand smoke, can trigger asthma attacks in children under the age of 6 years. Grantees use educational tools already developed by EPA. These tools include public service announcements, education packets for daycare providers, and community action kits. The goal is to decrease the number of homes where parents smoke around young children. A final report is due to EPA at the conclusion of the grant period.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

The Health Department currently receives federal grants on asthma, and tobacco prevention and control. This EPA grant is unique because it focuses on ETS as an asthma trigger. These grant activities will be coordinated with the current tobacco and asthma grants.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: <u>5</u> %	Hard <u>  </u> %	Soft <u>5</u> %
2nd year	\$ _____	Percentage of total grant: <u>  </u> %	Hard <u>  </u> %	Soft <u>  </u> %
3rd year	\$ _____	Percentage of total grant: <u>  </u> %	Hard <u>  </u> %	Soft <u>  </u> %

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

The state will contribute \$2,500 in-kind salary, and meet the goals and objectives of the grant outlined in number 2 above.

6. Are indirect costs included in the proposal?  Yes  No.

a. If indirect costs are not included in the proposal, indicate reason.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 % or current approved rate.

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No

8. How many positions are needed to carry out this program? 0.50 New \_\_\_\_\_ Existing

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

Minnesota Statute 144.074

14. Will the program involve a change in existing rules?  Yes  No

15. Will the program require new rules?  Yes  No

  
Accounting Coordinator's Signature

3/22/00  
Date

  
Executive Budget Officer's Signature

3/27/00  
Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

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Department Name: Health Title of Project/Proposal: Tools for Schools: Indoor Air Quality Federal Catalog Number: not known yet	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: <u>09/00</u> End Date: <u>09/01</u> Funding Amount: \$ <u>60,000</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>50,000</u> FY: <u>02</u> \$ Amt.: <u>10,000</u> FY: _____ \$ Amt.: _____ FTE: <u>0.5</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The US Environmental Protection Agency (EPA) is providing funds for a specific program area. State programs will have discretion for staffing and administration of program responsibilities

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

EPA is providing funds for implementation of an existing guidance document titled *Tools for Schools: Indoor Air Quality*. State activities include working with public schools to implement the school-based interventions. The objective is to document that a minimum of 200 Minnesota schools have implemented *Tools for Schools: Indoor Air Quality*. A final report is due to EPA at the conclusion of the grant period.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

Minnesota statutes require that school districts have indoor air management plans to respond to problems within their buildings. The EPA grant will provide assistance to school districts regarding implementation of their indoor air management plans and how to document (record keeping) their activities. Activities will be coordinated with the Department of Children, Families & Learning.

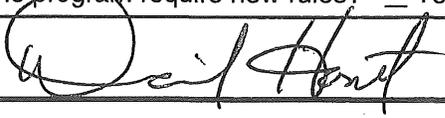
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: <u>5</u> %	Hard <u>  </u> %	Soft <u>5</u> %
2nd year	\$ _____	Percentage of total grant: <u>  </u> %	Hard <u>  </u> %	Soft <u>  </u> %
3rd year	\$ _____	Percentage of total grant: <u>  </u> %	Hard <u>  </u> %	Soft <u>  </u> %

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
The state will contribute \$3,000 in-kind salary, and meet the goals and objectives of the grant outlined in number 2 above.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 % or current approved rate.
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? 0.5 New \_\_\_\_\_ Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
Minnesota Statute 144.074
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3/22/00

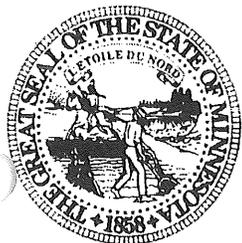
Date



Executive Budget Officer's Signature

3/27/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

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Department Name: Health Title of Project/Proposal: Healthy Homes Federal Catalog Number: CFDA 14-900	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: <u>09/00</u> End Date: <u>09/03</u> Funding Amount: \$ <u>1,200,000</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>400,000</u> FY: <u>02</u> \$ Amt.: <u>400,000</u> FY: <u>03</u> \$ Amt.: <u>400,000</u> FTE: <u>4.0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The US Department of Housing and Urban Development (HUD) is providing funds for a specific program area. State programs will have discretion for staffing and administration of program responsibilities.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

HUD is providing funds for projects to protect children from housing related conditions responsible for multiple diseases and injuries. Grantees will perform evaluations of eligible housing to identify housing based-hazards, conduct housing interventions to remediate existing hazards and address conditions that could result in recurrence, and perform training and education to homeowners and the general community on environmental health and safety hazards. Quarterly progress reports and final grant reports to HUD are required.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

The Health Department and other units of government have previously received funds from HUD to address lead concerns in housing units and in the community. The proposed program will build on past success of these programs and expand efforts in homes to more cost effectively deal with multiple hazards. Other currently existing programs which address residential health and safety will be coordinated with the proposed program.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%
2nd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%
3rd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?

The state will meet the objectives of the grant outlined in number 2 above.

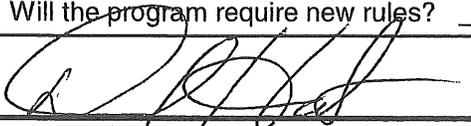
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 % or current approved rate.
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? 4.0 New \_\_\_\_\_ Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

Minnesota Statute 144.074

14. Will the program involve a change in existing rules?  Yes  No

15. Will the program require new rules?  Yes  No



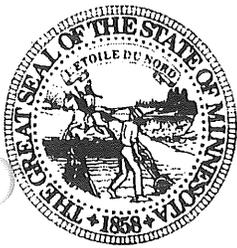
Accounting Coordinator's Signature

3/22/00  
Date



Executive Budget Officer's Signature

3/27/00  
Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

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 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Health  Title of Project/Proposal: National Risk Communication Conference  Federal Catalog Number: 66-606	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application  <input type="checkbox"/> Application  <input type="checkbox"/> Negotiation  <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>5/1/00</u> End Date: <u>6/30/01</u>  Funding Amount: \$ <u>250,000</u> Indicate the break-down below:  FY: <u>00</u> \$ Amt.: <u>20,000</u> FY: <u>01</u> \$ Amt.: <u>230,000</u> FY: _____ \$ Amt.: _____  FTE: <u>0.4</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

Extensive discretion in developing the proposal. See attached.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

A conference proceedings and recommendations document will be prepared and distributed. See attached.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

No similar initiative has been undertaken within the state. See attached.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%
2nd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%
3rd year	\$ _____	Percentage of total grant: ___%	Hard ___%	Soft ___%

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?

The state commits to hiring a contractor or providing staff to plan and implement a national conference by June 30, 2001

6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No No match is required

8. How many positions are needed to carry out this program? 0.4 New \_\_\_\_\_ Existing

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

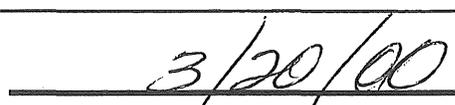
144.074

14. Will the program involve a change in existing rules?  Yes  No

15. Will the program require new rules?  Yes  No



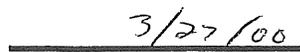
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date

## Minnesota Department of Health National Risk Communication Conference

1. This agency was allowed discretion in the areas of planning, contracting, administration, and staffing. The conference title, basic content, and total budget were defined by the federal granting authority (the U.S. Environmental Protection Agency).
2. The Minnesota Department of Health (MDH) is seeking a cooperative agreement of \$250,000 from the U.S. Environmental Protection Agency (to commence May 1, 2000) to plan and implement a national conference on communicating environmental health risks to children and other sensitive populations. This activity will enhance the current risk communication activities and skills of Division of Environmental Health, focus national attention on children's environmental health risks, and foster collaborative relationships between federal and state partners working on children's health risk assessment.

Goals to be achieved with funds from this cooperative agreement:

- Bring state representatives together to share successes and failures in communicating environmental health risks to families of children and other highly susceptible or highly exposed populations.
- Provide a forum for federal programs to share direction and priorities in assessing and reducing environmental health risks to target populations.
- Inform participants of the most current, effective, risk communication techniques and health protection strategies and make recommendations on appropriate and effective risk communication.
- Deliver a variety of risk communication strategies to state and local programs involved in communicating risks to children and other target populations.
- Increase participants knowledge of specific risk communication programs (e.g., fish advisories, drinking water contaminants, and cumulative and comparative risk assessments).

The cooperative agreement includes the production and distribution of a conference proceedings document.

3. This application for a national risk communication conference on environmental health issues is not duplicated by other programs in environmental health or other environmental agencies. However, staff of these agencies are likely attendees of such a conference and will be included in the planning. Specifically, sections of the Minnesota Pollution Control Agency are involved in estimating risks and communicating the results to populations that are highly susceptible or highly exposed. The interests of state agencies will be represented on a planning committee which will include representation of federal agencies with state counterparts (e.g., the Environmental Protection Agency, the Food and Drug Administration, and the U.S. Centers for Disease Control and Prevention). Coordination will occur through management at the Division of Environmental Health and representatives on the planning committee.





Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

**Policy Note**  
 Notice of Application for  
 Federal Grant Assistance

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Department Name: Minnesota Department of Health Title of Project/Proposal: Effectiveness of a Machine Guarding Intervention Federal Catalog Number: 93.262, Announcement #811	Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): <b>Resubmission</b>
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This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: October 1, 2000 End Date: September 30, 2005 Funding Amount: \$1,756,742 FTE: 4.15 F.Y. 01 \$ 215,000 FY 02 351,348 FY 03 351,348
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The agency has full latitude in the application process.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

The purpose of this grant is to work with small business owners and develop a program to prevent machine-related amputation injuries.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

The current application is an extension of data compiled by the existing Sentinel Event Notification System for Occupational Risks (SENSOR). SENSOR has compiled cause and outcome data on work-related amputations for the last six years.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%
2nd year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%
3rd year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

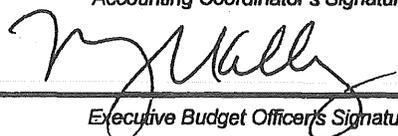
5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long-term commitments is the state making by acceptance of this grant?
- None.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 18 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? 1.3 New 2 Existing (Present)
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.
- M.S. §144.074
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

7/29/99

Date



Executive Budget Officer's Signature

9.17.99

Date

Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

**Policy Note**  
 Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Department of Natural Resources Division of Forestry Title of Project/Proposal: Forest Legacy Grant Federal Catalog Number: 10.664		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
This request is in the following state:  <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>4-15-00</u> End Date: <u>4-15-02</u> Funding Amount: \$ <u>678,000</u> Indicate the break-down below: FY: <u>0</u> \$ Amt.: <u>50,000</u> FY: <u>1</u> \$ Amt.: <u>314,000</u> FY: <u>2</u> \$ Amt.: <u>314,000</u>  FTE: <u>0</u>

- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Minnesota Department of Natural Resources had a high level of latitude in applying for the funds.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The federal funds will be used to purchase conservation easements limiting the development of ecologically sensitive lands in targeted areas of the state. Local citizens were advised of the initiative through public meetings and news releases. The local public is very accepting of the initiative.  
  
 The owners of 590 acres of private forest land in Rice County have indicated an interest in voluntarily participating. They have offered to sell the development rights for their woodlands while maintaining all other rights (including the duty of paying property taxes) for the appraised value or less. In fact some owners have indicated an interest in selling at bargain rates to assure the long-term conservation of the land.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. Conservation easements are not new, though their use for "working forests" is relatively new. All participating landowners will receive a Forest Stewardship plan guide to guide their activities. The program will be coordinated with other easements such as those provided by R.I.M., the Department of Natural Resources, and the Minnesota Land Trust.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. State Match is property donated to the state which was appraised at \$409,000
 

1st year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft <u>33.3</u> %
2nd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft <u>33.3</u> %
3rd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft <u>33.3</u> %

Check here if no match is required. \_\_\_\_\_

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant? The state provides Forest Stewardship plans in any case, but must continue to assure their provision. The easement holder will need to assure that the easements are being adhered to and the state or local land trusts will need to fulfill that duty. This involves brief annual inspections.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 15.4 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 40 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
Minnesota Statutes #84.085
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

Peggy A. Beelmann

Accounting Coordinator's Signature

February 24, 2000

Date

Keith Boggs

2/29/00

Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

**Policy Note**  
 Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate.

Department Name: Natural Resources  Title of Project/Proposal: Minnesota Conservation Corps - AmeriCorps Grant  Federal Catalog Number: 94.006		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>09/00</u> End Date: <u>08/01</u> Funding Amount: \$ <u>62,000</u> Indicate the break-down below:  FY: <u>01</u> \$ Amt.: <u>51,666</u> FY: <u>02</u> \$ Amt.: <u>10,334</u> FY: _____ \$ Amt.: _____  FTE: <u>0</u>

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The application will be prepared following federal Corporation for National Service and Minnesota Commission on National and Community Service guidelines. The grant will be a Fixed Amount Grant Award and will be tied explicitly to program performance-\$500 per Full-Time Equivalent corps member enrolled. Generally, a program that fails to enroll members for which it was awarded grant funds may not ultimately be entitled to those funds. Federal funds may be used for general program support.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

This continuation grant will affiliate the Minnesota Conservation Corps (MCC) with the federal AmeriCorps program and provide MCC corps members (young adults ages 18 to 26) with a post-service education award of up to \$4,725.00. Education awards will be held in trust by the Corporation for National Service. MCC corps members will perform natural resource conservation service projects for the State of Minnesota and other land management agencies.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

The MCC - AmeriCorps differs from existing state programs in that it is the only young adult conservation corps in operation. The program will be coordinated with other AmeriCorps programs through its affiliation with the Corporation for National Service and the Minnesota Commission on National and Community Service.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

Check here if no match is required.  \_\_\_\_\_

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

The Minnesota Conservation Corps is committing to enroll 124 full-time equivalent (FTE) members in the federal AmeriCorps program. In consideration, the Corporation for National Service will grant \$500 per FTE to be used for the general operation of the program.

6. Are indirect costs included in the proposal?  Yes  No.

a. If indirect costs are not included in the proposal, indicate reason.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 14.5 \_\_\_\_\_ %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No  NA

8. How many positions are needed to carry out this program? \_\_\_\_\_ New 8.5 Existing

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No  NA

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No  NA

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No  NA

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No  NA

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.  
MS 84.085

14. Will the program involve a change in existing rules?  Yes  No

15. Will the program require new rules?  Yes  No

Beggy A. Adelmann

Accounting Coordinator's Signature

March 22, 2000

Date

Keith Bogart

Executive Budget Officer's Signature

3/24/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

### Notice of Application for Federal Grant Assistance

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Department Name: Natural Resources Title of Project/Proposal: Land and Water Conservation Fund Federal Catalog Number: 15.916	Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation(federal year 2001) <input type="checkbox"/> Other (if other, please explain):
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference. Prior federal year funding page D-186 Biennial Budget 2000-2001. Also Federal Year 2000 submitted earlier this session.
This award/proposal: Start Date: <u>October 2000</u> End Date: <u>Sept. 2004</u> Funding Amount: <u>\$688,106(estimated)</u> Indicate the break-down below: FY:2001 <u>          </u> \$ Amt.: <u>\$334,053</u> FY:2002 <u>          </u> \$ Amt.: <u>\$334,053</u> FY: <u>          </u> \$ Amt.: <u>          </u> FTE: <u>  0  </u>	

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance  
 Discretion may be in the administration/staffing or program selection area.

This is an automatic allocation by Congress to the states for federal fiscal year 2001. No application is required. State or local match is, however required to receive federal reimbursement.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

The Land and Water Conservation Fund provides funds to the states on a matching basis. In Minnesota, statutes require that 50% of these funds be distributed to local grants for local parks. The remaining funds are for state park and open space projects managed by DNR.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

These federal funds are added to state funds provided through the Local Grants Program and are distributed through a common application process. They are also added to existing funding for state parks, etc., though they cannot be used to supplant existing funds. Land and Water funds may not be used for operation or maintenance.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ <u>334,053</u>	Percentage of total grant: <u>50</u> %	Hard <u>100</u> %	Soft <u>          </u> %
2nd year	\$ <u>334,053</u>	Percentage of total grant: <u>50</u> %	Hard <u>100</u> %	Soft <u>          </u> %
3rd year	\$ <u>          </u>	Percentage of total grant: <u>          </u> %	Hard <u>          </u> %	Soft <u>          </u> %

Check here if no match is required. \_\_\_\_\_

- 50% of the match will be met by DNR projects for which funding has already been appropriated.
- The other 50% match will be provided by local governments, which will receive pass-through federal grants through the DNR's Local Grants Program.

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

The state agrees to spend funds on eligible projects to claim reimbursements. It also agrees to allocate funds according to statewide outdoor recreation priorities and to administer grants to local governments according to program requirements.

6. Are indirect costs included in the proposal?  Yes  No.

a. If indirect costs are not included in the proposal, indicate reason.

Historically, have requested a waiver and will be requesting one for 2000 - 2001.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No

8. How many positions are needed to carry out this program? \_\_\_\_\_ New 4 Existing

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off? N.A.  
 Yes  No

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

MN Statutes 86.71, 86.72 and MS 84.085

14. Will the program involve a change in existing rules?  Yes  No

15. Will the program require new rules?  Yes  No

*Wmt*  
Beggy A. Adelman  
Accounting Coordinator's Signature

March 20, 2000  
Date

Keith Bogut  
Executive Budget Officer's Signature

3/24/00  
Date

Department of Finance  
 400 Centennial Building  
 658 Cedar Street

St. Paul, Minnesota 55155

**Policy Note**  
 Notice of Application for  
 Federal Grant Assistance

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Department Name: Natural Resources-Division of Forestry Title of Project/Proposal: Various Forest Stewardship Projects Federal Catalog Number: 10.664	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference. This is an increase to Forest Stewardship Program, Page D-184 on Biennial Budget 2000.
This award/proposal: Start Date: <u>5-01-00</u> End Date: <u>6-30-02</u> Funding Amount: \$ <u>144,000</u> Indicate the break-down below: FY: <u>0</u> \$ Amt.: <u>20,000</u> FY: <u>1</u> \$ Amt.: <u>62,000</u> FY: <u>2</u> \$ Amt.: <u>62,000</u> FTE: <u>0</u>	

- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. All hiring, contracting and other spending decisions are at the discretion of the State Program Manager.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
 

Land Stewardship in the Midway and Whiteface River Watersheds: \$27,000- This project will fund a consultant forester(s) to assist private forest landowners in the target watershed by providing Forest Stewardship plans and assistance to implement the plans.

Improving Water Quality in Trout Stream Watersheds through Forest Stewardship: \$62,000- This project will fund the preparation of Forest Stewardship plans for landowners with property in the designated trout streams of Minneapolis-St. Paul nine county metro area. Additional funding will be used to prepare and print a booklet about land stewardship for landowners with less than twenty acres of land who will not be participating in the Forest Stewardship program but still need assistance.

Enhancing Forest Stewardship in the Upper Iowa River Watershed: \$11,000- This project will fund a consultant forester(s) to assist private forest landowners in the target watershed by providing Forest Stewardship plans and assistance to implement the plans. This watershed is adjacent to Iowa and the overall project is coordinated by the Iowa State Forester.

Stewardship for Small Ownerships: \$44,000- This proposal, if funded, will provide for the preparation and printing of a booklet about land stewardship for landowners with less than twenty acres. It is intended to reach a broad audience at low cost and will be coordinated with any similar projects.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. We already have Forest Stewardship Programs in place and these are more projects that would be included under the Forest Stewardship "blanket."

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$20,000	Percentage of total grant: 50 %	Hard _____ %	Soft 100 %
2nd year	\$62,000	Percentage of total grant: 50 %	Hard _____ %	Soft 100 %
3rd year	\$62,000	Percentage of total grant: 50 %	Hard _____ %	Soft 100 %

Check here if no match is required. \_\_\_\_\_

5a. Does the grant contain a maintenance of effort requirement?  No  Yes

If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

6. Are indirect costs included in the proposal?  Yes  No.

a. If indirect costs are not included in the proposal, indicate reason. No additional salaries are incurred with these agreements

b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No

8. How many positions are needed to carry out this program? \_\_\_\_\_ New 4 Existing

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

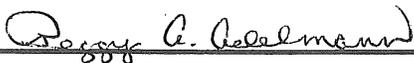
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No N/A

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.  
MS 84.085

14. Will the program involve a change in existing rules?  Yes  No

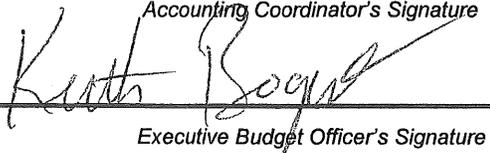
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

March 17, 2000

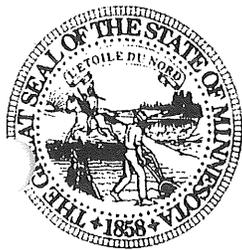
Date



Executive Budget Officer's Signature

3/24/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Minnesota Pollution Control Agency  Title of Project/Proposal: Air Toxic Inventory - Great Lakes Commission  Federal Catalog Number: 66.501	Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																
This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input checked="" type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: 10-1-00  End Date: 6-30-01  Funding Amount: \$45,000  FTE: One															
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>The grant is available specifically for the development of the Minnesota portion of the Great Lakes regional air toxics emission inventory. We have discretion to determine if we use existing staff, new staff or a contractor for the project.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>The grant allows Minnesota to participate in the Great Lakes Inventory and provide annual estimates for OVER 200 pollutants concern to the Great Lakes. MPCA staff will provide 1999 emission estimates to the Great Lakes Commission, participate in the development of data access through a Geographic Information System and software enhancement. The product of the program is a Summary Report of the 1999 Minnesota air toxics emission inventory for point, area, and mobile sources.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>The eight Great Lakes states (IL, IN, MI, MN, NY, OH, PA, and WI) and the Province of Ontario, working together through the Great Lakes Commission, created a Great Lakes Regional Air Toxics Emission Inventory for calendar year 1996. This inventory is updated every year from a base year of 1996. Minnesota's air toxics inventory uses data from the MPCA criteria pollutant inventory, facility air emission permits, and Toxic Release Inventory. The air toxics emission inventory is used by the Air Toxics Technical Team in identification of problems posed by air toxics in Minnesota.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. Match will be met with existing resources.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">1st year</td> <td style="width: 15%;">\$2,963</td> <td style="width: 30%;">Percentage of total grant: <u>6</u> %</td> <td style="width: 15%;">Hard <input checked="" type="checkbox"/> %</td> <td style="width: 25%;">Soft <input type="checkbox"/> %</td> </tr> <tr> <td>2nd year</td> <td>\$</td> <td>Percentage of total grant: <u>   </u> %</td> <td>Hard <input type="checkbox"/> %</td> <td>Soft <input type="checkbox"/> %</td> </tr> <tr> <td>3rd year</td> <td>\$</td> <td>Percentage of total grant: <u>   </u> %</td> <td>Hard <input type="checkbox"/> %</td> <td>Soft <input type="checkbox"/> %</td> </tr> </table> <p>Check here if no match is required. <input type="checkbox"/></p>			1st year	\$2,963	Percentage of total grant: <u>6</u> %	Hard <input checked="" type="checkbox"/> %	Soft <input type="checkbox"/> %	2nd year	\$	Percentage of total grant: <u>   </u> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %	3rd year	\$	Percentage of total grant: <u>   </u> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %
1st year	\$2,963	Percentage of total grant: <u>6</u> %	Hard <input checked="" type="checkbox"/> %	Soft <input type="checkbox"/> %													
2nd year	\$	Percentage of total grant: <u>   </u> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %													
3rd year	\$	Percentage of total grant: <u>   </u> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %													

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

- 5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
  - b. What short and long term commitments is the state making by acceptance of this grant?
  - 6. Are indirect costs included in the proposal?  Yes  No.
    - a. If indirect costs are not included in the proposal, indicate reason.
    - b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79 %
    - c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
  - 7. Are indirect costs part of any match?  Yes  No
  - 8. How many positions are needed to carry out this program? \_\_\_\_\_ New 1 Existing
  - 9. Will the award supply funding of present positions?  Partial  Full  None
  - 10. Will new positions be funded entirely by the grant award?  Yes  No
  - 11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
    - b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
  - 12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  Yes  No
    - b. If yes, has provision been made to provide the necessary funding?  Yes  No
  - 13. Legal authority to apply for and accept grant.
- M.S.116.03
- 14. Will the program involve a change in existing rules?  Yes  No
  - 15. Will the program require new rules?  Yes  No

*Cathy Bryn Meyer*

Accounting Coordinator's Signature

3/22/00

Date

*Robert J. Berry*

Executive Budget Officer's Signature

3/27/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

### Notice of Application for Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Minnesota Pollution Control Title of Project/Proposal: Agency Federal Catalog Number: Locating and Disposing of Hidden Sources of Mercury 66-469	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>10/1/00</u> End Date: <u>3/31/02</u> Funding Amount: \$ <u>59,550 (federal);</u> Indicate the break-down below:  FY: <u>01</u> \$ Amt.: <u>30,000</u> FY: <u>02</u> \$ Amt.: <u>29,550</u> FY: _____ \$ Amt.: _____  FTE: <u>0.5 over one and a half years</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
 The Great Lakes National Program Office (GLNPO) of the U.S. Environmental Protection Agency (EPA) solicited grant proposals that would address some specific concerns with the Great Lakes Region. The MPCA had the discretion to apply for funding with a supporting budget.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
 The MPCA will use a specially trained dog to find mercury left on shelves, spilled in drains, or dumped in sinks over the years. The program will focus on schools, universities, dental offices, and other buildings located within the Lake Superior basin in Minnesota. Participating building owners and operators will be required to remove the mercury and dispose of it in an appropriate manner. A project evaluation report will be written at the conclusion of the grant.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
 The proposal developed from the MPCA's Mercury Contamination Reduction Initiative. It is designed to address an issue that no agency program has handled yet: the clean up of past mercury spills or dumping of mercury in school laboratories, hospitals and other locations. State and local hazardous waste programs will be involved to make sure that recovered wastes are disposed properly. The program will be coordinated with other statewide efforts to reduce the amount of mercury released into the environment. Results will be quantified and tracked so that the efforts of the program can be evaluated.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

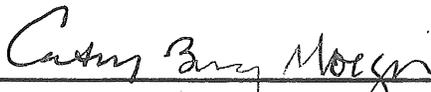
1st year	\$ <u>33,000</u>	Percentage of total grant: <u>52</u> %	Hard _____ %	Soft <u>100</u> %
2nd year	\$ <u>31,550</u>	Percentage of total grant: <u>52</u> %	Hard _____ %	Soft <u>100</u> %
3rd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %

Check here if no match is required. \_\_\_\_\_

A private partner has committed to reimbursing the MPCA for \$25,000 of its share of the costs in exchange for positive publicity for sponsoring the effort. Therefore the state share of the project may decrease because of the private partner's contribution.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 0.5 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 116.03
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3/22/00

Date



Executive Budget Officer's Signature

3/29/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

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Department Name: <u>Minnesota Pollution Control Agency</u>  Title of Project/Proposal: <u>Polybrominated Diphenyl Ethers— A Great Lakes Contaminant</u>  Federal Catalog Number: <u>66-469</u>	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>10/1/00</u> End Date: <u>9/30/02</u>  Funding Amount: \$ <u>320,000</u> Indicate the break-down below:  FY: <u>01</u> \$ Amt.: <u>160,000</u> FY: <u>02</u> \$ Amt.: <u>120,000</u> FY: <u>03</u> \$ Amt.: <u>40,000</u>  FTE: <u>0.15 over 2 years</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
 The Great Lakes National Program Office (GLNPO) of the U.S. Environmental Protection Agency (EPA) solicited grant proposals that would address some specific concerns with the Great Lakes and were consistent with Sec. 104 of the Clean Water Act. The MPCA had the discretion to apply for these funds and to propose a budget to carry out that proposal.
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
 The proposal will assess the prevalence, transport, and fate of polybrominated diphenyl ethers (BDEs) in the Lake Superior Region. BDEs are manufactured and used in increasing quantities. Scientific evidence is suggesting that BDEs bioaccumulate and may induce undesirable biological outcomes. The grant would fund the collection and analysis of air samples, soil and sediment samples, water samples, and biological samples. This information will help us better understand whether rates of input of BDEs are stable or changing and how BDEs may be bioaccumulating and biomagnifying. A database of this information would then be developed.
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
 BDEs must be controlled under various EPA programs, such as the Great Lakes Water Quality Agreement with Canada, Lakewide Management Plans, and the Binational Virtual Elimination Strategy. An assessment of BDEs in the Great Lakes Region is almost non-existent. The database would be made available to other interested parties.
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ <u>8,500</u>	Percentage of total grant: <u>5</u> %	Hard <u>    </u> %	Soft <u>100</u> %
2nd year	\$ <u>6,375</u>	Percentage of total grant: <u>5</u> %	Hard <u>    </u> %	Soft <u>100</u> %
3rd year	\$ <u>2,125</u>	Percentage of total grant: <u>5</u> %	Hard <u>    </u> %	Soft <u>100</u> %

Check here if no match is required. \_\_\_\_\_

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 0.15 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 116.03
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3/22/00

Date



Executive Budget Officer's Signature

3/29/00

Date



**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

MPCA will operate and report data to EPA as required for the term of the grant extension. We anticipate ongoing federal assistance in the form of additional grants for long-term maintenance of the network.

6. Are indirect costs included in the proposal?  Yes  No.

a. If indirect costs are not included in the proposal, indicate reason.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79%

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  No N/A

8. How many positions are needed to carry out this program? 2 New 2 Existing

9. Will the award supply funding of present positions?  Partial  Full  None

10. Will new positions be funded entirely by the grant award?  Yes  No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

M.S. 116.03

14. Will the program involve a change in existing rules?  Yes  No

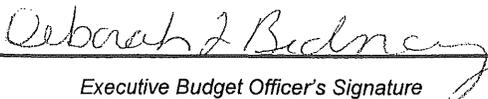
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3/22/00

Date



Executive Budget Officer's Signature

3/29/00

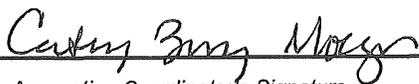
Date



Check here if no match is required. \_\_\_\_\_

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

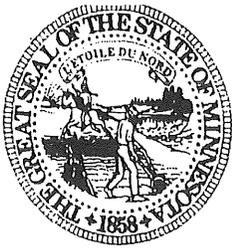
5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 0.10 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
M.S. 116.03
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

  
Accounting Coordinator's Signature

3/22/00  
Date

  
Executive Budget Officer's Signature

3/29/00  
Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

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Department Name: Department of Agriculture  Title of Project/Proposal: Food Code Issues Conference  Federal Catalog Number: 93.103	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):													
This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: 4/1/2000_ End Date: 1/1/2001_  Funding Amount: \$5,000.00 Indicate the break-down below:  FY: 00 \$ Amt.: 5000.00 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____  FTE: 0												
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>We are allowed complete discretion in how we spend the grant monies as long as we hold the conference for food code issues in Minnesota.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities, which will take place and any products (reports, plans, etc.), which will result from the program.</p> <p>The purpose of the grant is to provide assistance to the State for the resolution of Minnesota food code issues. We are going to be having a conference relating to these issues.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>This program relates to our Risk Based Food Program which we are in the process of implementing. This grant will help us to maximize the use of our Risk Based Program funding. With or without this funding from the Federal Government we will be having this conference on food code issues in Minnesota.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. State match of \$6,075 met by existing funds. The additional \$6,000 match will be met by program income.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1st year \$12,075</td> <td style="width: 25%;">Percentage of total grant: 71%</td> <td style="width: 25%;">Hard 50%</td> <td style="width: 25%;">Soft 50%</td> </tr> <tr> <td>2nd year \$ _____</td> <td>Percentage of total grant: _____%</td> <td>Hard _____%</td> <td>Soft _____%</td> </tr> <tr> <td>3rd year \$ _____</td> <td>Percentage of total grant: _____%</td> <td>Hard _____%</td> <td>Soft _____%</td> </tr> </table> <p>Check here if no match is required. _____</p>			1st year \$12,075	Percentage of total grant: 71%	Hard 50%	Soft 50%	2nd year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%	3rd year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
1st year \$12,075	Percentage of total grant: 71%	Hard 50%	Soft 50%											
2nd year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%											
3rd year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%											

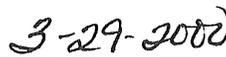
5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
 If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long-term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- We anticipate all grant funds to be expended by contract, with no State personnel costs.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program?  0  New  0  Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.

M.S. 004 07 003

14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



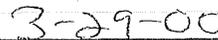
Accounting Coordinator's Signature



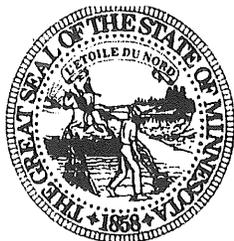
Date



Executive Budget Officer's Signature



Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

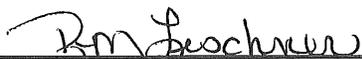
Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Agriculture  Title of Project/Proposal: Combined Pest Detection Funding  Federal Catalog Number: 10-025	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																
This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>5/1/00</u> Date: <u>4/30/01</u>  Funding Amount: \$ <u>30,000</u> Indicate the break-down below:  FY: <u>00</u> \$ Amt.: <u>15,000</u> FY: <u>01</u> \$ Amt.: <u>15,000</u> FY: _____ \$ Amt.: _____  FTE: <u>.5</u>															
<ol style="list-style-type: none"> <li>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  <b>MDA has a great deal of discretion in staffing, planning and administration of the funding. Sample collection, processing and data processing have to be in accordance with established (and at times negotiated) USDA protocols.</b> </li> <li>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities, which will take place and any products (reports, plans, etc.), which will result from the program.  <b>The Combined Pesticide Detection Funding covers work done under five pest detection projects. These are for the 1.) common barberry (berberis vulgaris), 2.) snails and slugs, 3.) Asian Longhorn Beetle, 4.) Plum Pox Survey, and 5.) Callidiellum Trap Log Survey. Most of the work covered is field work to collect and identify infestation sites of the identified pests. Samples and any data collected will be submitted to the USDA for possible identification and tracking purposes.</b> </li> <li>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. <b>There are currently no state programs to trap, monitor, collect and report on the identified pest species.</b> </li> <li>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.           <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%;">1st year</td> <td style="width: 15%;">\$ _____</td> <td style="width: 30%;">Percentage of total grant: _____ %</td> <td style="width: 15%;">Hard _____ %</td> <td style="width: 25%;">Soft _____ %</td> </tr> <tr> <td>2nd year</td> <td>\$ _____</td> <td>Percentage of total grant: _____ %</td> <td>Hard _____ %</td> <td>Soft _____ %</td> </tr> <tr> <td>3rd year</td> <td>\$ _____</td> <td>Percentage of total grant: _____ %</td> <td>Hard _____ %</td> <td>Soft _____ %</td> </tr> </table> </li> </ol> <p>Check here if no match is required. <input checked="" type="checkbox"/></p>			1st year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %	2nd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %	3rd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %
1st year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %													
2nd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %													
3rd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %													

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

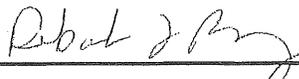
5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long-term commitments is the state making by acceptance of this grant?  
**Short-term commitments to collect data and samples for one field season (season varies with species).  
No long-term commitments.**
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 18.6%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No  N/A
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 2 Existing (part-time = .5 FTE)
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
**Minnesota Statutes 004 07 03**
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3-24-2000

Date



Executive Budget Officer's Signature

3-28-00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

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Department Name: Agriculture  Title of Project/Proposal: Agricultural "Clean Sweep" Pilot Project  Federal Catalog Number: 66-714	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):	
This request is in the following state:  <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input checked="" type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>12/21/99</u> End Date: <u>2/20/01</u>  Funding Amount: \$ <u>30,000</u> Indicate the break-down below:  FY: <u>00</u> \$ Amt.: <u>8,000</u> FY: <u>01</u> \$ Amt.: <u>15,000</u> FY: <u>02</u> \$ Amt.: <u>7,000</u>  FTE: <u>.3</u>

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
**Pursuant to conditions outlined in the project request for proposals (RFP), the MDA had a great deal of discretion in its application.**
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities, which will take place and any products (reports, plans, etc.), which will result from the program.  
**Pilot project to maximum the effectiveness of data collected as part of the ongoing pesticide collection program. Project will assist MDA in streamlining data collection procedures and reduce our investment of staff time in the data collection process. Data on the collection of PBTs and other pesticides submitted to the Environmental Protection Agency will increase in accuracy.**
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
**Project is part of a national effort by EPA to increase the accuracy of data on pesticide collections and will be coordinated with other states programs.**
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. Match will be met with existing resources.

1st year	\$ <u>1,000</u>	Percentage of total grant:	<u>3%</u>	Hard <u>100%</u> Soft <u>  </u> %
2nd year	\$ <u>3,000</u>	Percentage of total grant:	<u>10%</u>	Hard <u>100%</u> Soft <u>  </u> %
3rd year	\$ <u>2,000</u>	Percentage of total grant:	<u>6%</u>	Hard <u>100%</u> Soft <u>  </u> %

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long-term commitments is the state making by acceptance of this grant?  
**Short-term commitment to perform this pilot project. No long-term commitments.**
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 18.6
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 3 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
**Minnesota Statutes 004 07 003**
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3-24-2000

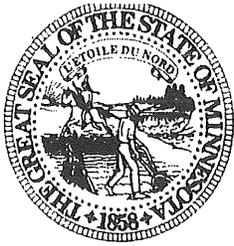
Date



Executive Budget Officer's Signature

3-29-00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

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<p>Department Name: Department of Agriculture</p> <p>Title of Project/Proposal: Partnerships for Integrated Environmental Management Systems: Assessments on Private Lands.</p> <p>Federal Catalog Number: 10.224</p>	<p>Type of Grant:  <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Other (if other, please explain):</p>																						
<p>This request is in the following state:</p> <p><input checked="" type="checkbox"/> Pre-Application  <input type="checkbox"/> Application  <input type="checkbox"/> Negotiation  <input type="checkbox"/> Awarded</p>	<p>Has the Legislature approved the expenditure of these funds by review in the biennial budget process?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, state the page and current budget volume for reference.</p>	<p>This award/proposal:</p> <p>Start Date: Oct. 1, 2000          End Date: Sept. 30, 2002</p> <p>Funding Amount: \$100,000.I          Indicate the break-down below:          FY:2001 \$ Amt.\$50,000: _____          FY:2002 \$ Amt.:\$50,000 _____          FY: _____ \$ Amt.: _____          FTE: .5</p>																					
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>Staff of the Mn Dept. of Agriculture – Agricultural Marketing and Development Division, is given strong support and encouragement to cooperate with the University of Minnesota in efforts addressing technology, marketing and environmental efforts directly affecting the farmers and ranchers in Minnesota. This relationship with the University is established in Mn Stat. 17.03 Powers and Duties of the Commissioner. Subdiv. 1 "It shall be the duty of the department of agriculture and the department of agriculture of the University of Minnesota to cooperate in all ways that may be beneficial to the agricultural interest of the state."</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities, which will take place and any products (reports, plans, etc.), which will result from the program.</p> <p>The goal of this project is to organize and establish a private / public working group that identifies and supports cooperative efforts to reduce environmental risks through a program consisting of needs assessments, voluntary self-assessments, and analysis of removing barriers or creating incentives for producer involvement. The working group will address environmental priorities; programs and products develop priorities for outreach initiatives focusing on environmental needs assessments, farm-scale assessments for producer-driven solutions. The key to this project is the capacity for building partnerships and programs with agricultural organizations and public agencies to address and prioritize environmental risks.</p> <ul style="list-style-type: none"> <li>• Capitalize on the strong desire among agricultural producers to establish a good basis for mutual understanding of the rural community and agricultural environmental risks.</li> <li>• Develop and use environmental performance assessments after an evaluation of environmental risk tools.</li> <li>• Support pilot implementation efforts, and develop education / assessment materials with partnership members.</li> <li>• Follow-up monitoring to measure the effectiveness of assessment tools through soil and water quality, and the adoption of techniques, practices or farming systems.</li> </ul> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. Currently there are few active needs assessment, self-assessment tools used by agricultural producers in Minnesota. This effort will evaluate the effectiveness of the current tools and scope the development of future tools. Then develop and pilot the implementation of these tools by crop and livestock enterprise mix, analyzing barriers and incentives for producer involvement. Partners will include the University of Minnesota Extension Service, agricultural organizations, state, local and federal agencies, as well as private organizations or businesses.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. Match will be meet with existing in kind resources</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">1st year</td> <td style="width: 15%;">\$25,000</td> <td style="width: 20%;">Percentage of total grant:25%</td> <td style="width: 10%;">Hard</td> <td style="width: 10%;">%</td> <td style="width: 10%;">Soft</td> <td style="width: 15%;">100%</td> </tr> <tr> <td>2nd year</td> <td>\$25,000</td> <td>Percentage of total grant:25%</td> <td>Hard</td> <td>%</td> <td>Soft</td> <td>100%</td> </tr> <tr> <td>3rd year</td> <td>\$ _____</td> <td>Percentage of total grant: _____%</td> <td>Hard</td> <td>%</td> <td>Soft</td> <td>%</td> </tr> </table>			1st year	\$25,000	Percentage of total grant:25%	Hard	%	Soft	100%	2nd year	\$25,000	Percentage of total grant:25%	Hard	%	Soft	100%	3rd year	\$ _____	Percentage of total grant: _____%	Hard	%	Soft	%
1st year	\$25,000	Percentage of total grant:25%	Hard	%	Soft	100%																	
2nd year	\$25,000	Percentage of total grant:25%	Hard	%	Soft	100%																	
3rd year	\$ _____	Percentage of total grant: _____%	Hard	%	Soft	%																	

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long-term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ 18.6 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? .33 New \_\_\_\_\_ Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.
- M.S. 004 07 003
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3/27/00

Date



Executive Budget Officer's Signature

3/28/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

### Notice of Application for Federal Grant Assistance

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Department Name: Department of Agriculture  Title of Project/Proposal: FSIS Program, assistance to the State for Meat and Poultry Insp.  Federal Catalog Number: 10.111	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																									
This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: 2/1/00 End Date: 9/30/00  Funding Amount: \$147,730.00 Indicate the break-down below:  FY: 00 \$ Amt.: 147,730.00 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____  FTE: 0																								
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.          Limited to the purchase of automated microbial identification systems and supplies similar to those used by USDA, FSIS for pathogen analysis, HACCP training, and computer equipment upgrades for compatibility with the Federal system.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities, which will take place and any products (reports, plans, etc.), which will result from the program. The purpose is to assist States with upgrading the pathogen identification capabilities of the laboratories. HACCP pathogen testing has priority.(Lab \$115,420.00) Training of State staff(D&amp;F \$4410.00) and computer equipment upgrades for compatibility with the Federal system(D&amp;F \$27,900.00).</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>This system coupled with our existing BAX screening system is an ideal tool for farm, to plant, to consumer surveillance and understanding. It can guide the investigator to the source of contamination and discriminate between persistent, sporadic, or recurrent pathogen contaminations. It can rapidly link product and environmental cultures through its RNA fingerprint. It can trouble shoot HACCP process problems and confirm that plant HACCP is working effectively.</p> <p>Currently the State Meat program is connected to the Federal system for reporting issues that relate to USDA certified products. The additional HACCP training and the upgraded computer equipment will assist this program in doing its job.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. State Match will be provided from existing funding.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">1st year</td> <td style="width: 15%;">\$147,730</td> <td style="width: 15%;">Percentage of total grant: 50</td> <td style="width: 15%;">%</td> <td style="width: 15%;">Hard 100</td> <td style="width: 15%;">%</td> <td style="width: 15%;">Soft</td> <td style="width: 15%;">%</td> </tr> <tr> <td>2nd year</td> <td>\$</td> <td>Percentage of total grant:</td> <td>%</td> <td>Hard</td> <td>%</td> <td>Soft</td> <td>%</td> </tr> <tr> <td>3rd year</td> <td>\$</td> <td>Percentage of total grant:</td> <td>%</td> <td>Hard</td> <td>%</td> <td>Soft</td> <td>%</td> </tr> </table> <p>Check here if no match is required. _____</p>			1st year	\$147,730	Percentage of total grant: 50	%	Hard 100	%	Soft	%	2nd year	\$	Percentage of total grant:	%	Hard	%	Soft	%	3rd year	\$	Percentage of total grant:	%	Hard	%	Soft	%
1st year	\$147,730	Percentage of total grant: 50	%	Hard 100	%	Soft	%																			
2nd year	\$	Percentage of total grant:	%	Hard	%	Soft	%																			
3rd year	\$	Percentage of total grant:	%	Hard	%	Soft	%																			

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long-term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.  
The monies will be spent on equipment, supplies and contracted training services.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program?  0 New  0 Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.

M.S. 004 07 003

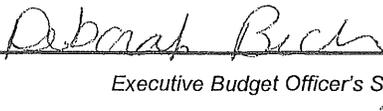
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



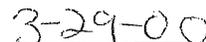
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

*Revised* - **Policy Note**  
 Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Agriculture  Title of Project/Proposal: FIFRA Consolidated Cooperative Agreement and Discretionary Funding for Fed FY 2000  Federal Catalog Number: 66-700	Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): (\$104,500 project specific discretionary funds are included with Consolidated grant.)																								
This request is in the following state:  <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  If yes, state the page and current budget volume for reference. <b>Page D-378 (Modification from BBS.)</b> \$328,000 approved																								
This award/proposal:  Start Date: <u>10/1/99</u> End Date: <u>9/30/00</u>  Funding Amount: <u>\$794,000</u> Indicate the break-down below:  FY: <u>00</u> \$ Amt.: <u>587,000</u> FY: <u>01</u> \$ Amt.: <u>207,000</u> FY: _____ \$ Amt.: _____  FTE: <u>37 (part-time)</u>																									
<ol style="list-style-type: none"> <li>Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. <b>MDA had a great deal of discretion in the preparation of the application. EPA set the dollar amounts available and MDA was able to establish the budget categories and dollar amounts in each category. Discretionary funding changes each year and is awarded on a competitive project basis.</b></li> <li>Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities, which will take place and any products (reports, plans, etc.), which will result from the program. <b>The Federal Insecticide, Fungicide and Rodenticide Act (FIFRA) Consolidated Cooperative Agreement is targeted for regulatory activities related to pesticides. The dollars will be used for enforcement, certification of applicators, worker protection, endangered species and ground activities. The discretionary funding dollars will be used for additional enforcement efforts (PBTs and Ops), watershed education materials for schools, Integrated Pest Management (IPM) fact sheets and grade school education activities.</b></li> <li>Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. <b>The proposed program is in direct correlation with existing state pesticide regulatory programs. These federal dollars will allow for more in-depth pesticide regulatory efforts.</b></li> <li>Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. <b>Match will be met with existing appropriations.</b> <table style="width:100%; margin-top: 10px;"> <tr> <td>1st year</td> <td>\$ <u>195,000</u></td> <td>Percentage of total grant:</td> <td><u>25%</u></td> <td>Hard</td> <td><u>100%</u></td> <td>Soft</td> <td><u>  </u>%</td> </tr> <tr> <td>2nd year</td> <td>\$ <u>65,000</u></td> <td>Percentage of total grant:</td> <td><u>8%</u></td> <td>Hard</td> <td><u>100%</u></td> <td>Soft</td> <td><u>  </u>%</td> </tr> <tr> <td>3rd year</td> <td>\$ <u>0</u></td> <td>Percentage of total grant:</td> <td><u>N/A%</u></td> <td>Hard</td> <td><u>  </u>%</td> <td>Soft</td> <td><u>  </u>%</td> </tr> </table> <p>Check here if no match is required. <input type="checkbox"/></p> </li> </ol>		1st year	\$ <u>195,000</u>	Percentage of total grant:	<u>25%</u>	Hard	<u>100%</u>	Soft	<u>  </u> %	2nd year	\$ <u>65,000</u>	Percentage of total grant:	<u>8%</u>	Hard	<u>100%</u>	Soft	<u>  </u> %	3rd year	\$ <u>0</u>	Percentage of total grant:	<u>N/A%</u>	Hard	<u>  </u> %	Soft	<u>  </u> %
1st year	\$ <u>195,000</u>	Percentage of total grant:	<u>25%</u>	Hard	<u>100%</u>	Soft	<u>  </u> %																		
2nd year	\$ <u>65,000</u>	Percentage of total grant:	<u>8%</u>	Hard	<u>100%</u>	Soft	<u>  </u> %																		
3rd year	\$ <u>0</u>	Percentage of total grant:	<u>N/A%</u>	Hard	<u>  </u> %	Soft	<u>  </u> %																		

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long-term commitments is the state making by acceptance of this grant?  
**No long-term commitments beyond what the MN Department of Agriculture would be doing under their existing state regulatory program. Short-term commitments would be the completion of specific tasks within the grant application.**
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 18.6%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 37 Existing (part-time)
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.  
**Minnesota Statutes 004 07 03**
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



Accounting Coordinator's Signature

3-24-2000

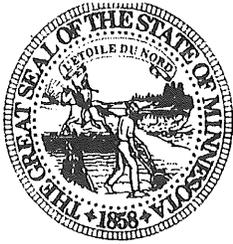
Date



Executive Budget Officer's Signature

3-29-00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

### Notice of Application for Federal Grant Assistance

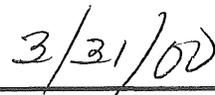
Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Department of Agriculture  Title of Project/Proposal: <b>CFSAN/FSI FOOD SAFETY EDUCATION PROJECT</b>  Federal Catalog Number: 93.103	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):													
This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>04/15/00</u> End Date: <u>9/30/00</u>  Funding Amount: <u>\$6,000.00</u> Indicate the break-down below:  FY: <u>00</u> \$ Amt.: <u>\$3,000.00</u> FY: <u>01</u> \$ Amt.: <u>\$3,000.00</u> FY: _____ \$ Amt.: _____ FTE: <u>.00</u>												
<ol style="list-style-type: none"> <li>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.            Considerable discretion and latitude has been allowed in adapting funding from the Food and Drug Administration in relationship to National Food Safety Month in September, 2000, to meet food safety educational needs in Minnesota.</li> <li>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities, which will take place and any products (reports, plans, etc.), which will result from the program.            The proposed project will be two separate educational endeavors. One project will provide consumers with information about thermometers, how to use them and final cooking temperatures for meat and other foods. The project will include providing thermometers to interested consumers who are purchasing meat or poultry in the meat departments of selected retail food stores. The second endeavor will provide information to consumers about irradiated food to correct any misperceptions they may have. It will give them the opportunity to taste irradiated beef for comparison to beef they are accustomed to eating. Irradiated foods will give the food industry and regulatory agencies one more tool to prevent food borne illnesses.</li> <li>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The thermometer project will use pre-existing training materials already developed for consumers by USDA's Food Safety and Inspection Service, Food Safety Education and Communication staff.            These partnerships will be supported by the Governor's Food Safety Task Force and The College of Saint Scholastica of Duluth, MN., the Minnesota Dept. of Agriculture, the Minnesota Beef Council, and the Arrowhead Professional Chefs, a Chapter of the American Culinary Association.</li> <li>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. Match will be met with in-kind services from outside sources.  <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1st year \$ _____</td> <td style="width: 25%;">Percentage of total grant: _____%</td> <td style="width: 25%;">Hard _____%</td> <td style="width: 25%;">Soft _____%</td> </tr> <tr> <td>2nd year \$ _____</td> <td>Percentage of total grant: _____%</td> <td>Hard _____%</td> <td>Soft _____%</td> </tr> <tr> <td>3rd year \$ _____</td> <td>Percentage of total grant: _____%</td> <td>Hard _____%</td> <td>Soft _____%</td> </tr> </table> </li> </ol> <p>Check here if no match is required. <input checked="" type="checkbox"/> X</p>			1st year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%	2nd year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%	3rd year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
1st year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%											
2nd year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%											
3rd year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%											

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long-term commitments is the state making by acceptance of this grant?  
**Short-term commitments to complete the project as outlined in the approved work plan.**
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.  
**We anticipate all grant funds to be expended for non-personnel costs and by contract. In-Kind match from outside sources will provide the personnel needs. No indirect costs are due from state funds.**
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? .00  New .00  Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.
- M.S. 004 07 003
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No



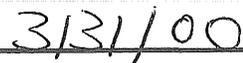
Accounting Coordinator's Signature



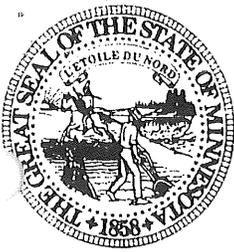
Date



Executive Budget Officer's Signature



Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name:	Trade and Economic Development	Type of Grant:
Title of Project/Proposal:	Tornado Disaster Recovery Community Development Block Grant	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Federal Catalog Number:	14.228	

This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference. Increase of original award See attached.	This award/proposal: Start Date: March 8, 2000 End Date: October 1, 2002 Funding Amount: \$3,685,000 FTE: .5    FY00 \$ 1,800,000    NSF FY01 \$ 1,885,000
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
  
See attached.
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
  
See attached.
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
  
See attached.
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.
 

1st year \$	Percentage of total grant: ___%	Hard ___%	Soft ___%
2nd year \$	Percentage of total grant: ___%	Hard ___%	Soft ___%
3rd year \$	Percentage of total grant: ___%	Hard ___%	Soft ___%

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
- See attached.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 22.7 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
- N/A
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New \_\_\_\_\_ Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No N/A
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant.
- MS 116J.401 (2)
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

  
Accounting Coordinator's Signature

3-17-00  
Date

  
Executive Budget Officer's Signature

3-28-2000  
Date

## ATTACHMENT TO POLICY NOTE

1. DTED was invited to make application to the U.S. Department of Housing and Urban Development (HUD) for supplemental disaster recovery Community Development Block Grant (CDBG) funds. The application guidelines were prepared by HUD, but in brief, those guidelines require financed projects to meet all HUD statutory and regulatory requirements regarding eligibility of applicants, eligibility of funded activities, non-federal match and numerous federal compliance requirements including labor standards, environmental review and procurement.

Within the parameters established in federal law and regulation, DTED has some discretion in determining which Tornado damaged communities receive this grant money, how much they receive and which eligible projects get funded. In making these determinations, DTED relied on the recommendations of the Minnesota Recovers Disaster Task Force; a multi agency (federal and state) recovery financing team pulled together originally in the wake of the 1997 flood disaster and utilized again for the 1998 tornado disaster.

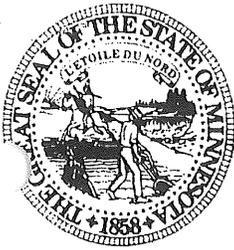
2. The purpose of the proposed grant is to assist in the recovery efforts of communities that were damaged by the March 29, 1998 Tornado. CDBG funds may be used for housing, public facilities, economic development activities. State funds appropriated by the 1998 Legislature for recovery activities have financed most of the important housing and economic development recovery activities. The primary gap to be financed is with public facilities. The Minnesota Recovers Disaster Task Force recommends that these supplemental CDBG funds be used in Comfrey, St. Peter and other tornado damaged areas on a variety of public infrastructure projects. By federal law, these funds are not available to communities affected by the July 4, 1999 wind and rain storms.

3. See number 1 and 2, above.

5.b. Short-term commitments involve the management and administration of the funds including preparing local grant agreements, monitoring approved projects, providing technical and problem solving assistance to grantees and closing out completed projects. There are no long-term commitments associated with the acceptance of this grant.

This Policy Note is an up-dated version of a similar Policy Note completed on March 11, 1999. The original Policy Note anticipated a federal allocation of \$1.5 million. The actual allocation is \$3,685,000.





Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

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Department Name: Trade and Economic Development Title of Project/Proposal: Disaster Preparedness Internet Site Federal Catalog Number: 11.307	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
---	--

This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: January, 2000 End Date: December, 2000 Funding Amount: \$70,000 FY00 \$60,000 FTE: -0- FY01 \$10,000
--	--	--

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
  
See attached.
2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
  
See attached.
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
  
See attached.
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.
 

1st year	\$114,500	Percentage of total grant: <u>62%</u>	Hard <u>  </u> %	Soft <u>100%</u>
2nd year	\$	Percentage of total grant: <u>  </u> %	Hard <u>  </u> %	Soft <u>  </u> %
3rd year	\$	Percentage of total grant: <u>  </u> %	Hard <u>  </u> %	Soft <u>  </u> %

Check here if no match is required.    Total project is \$184,500

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No.  Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
- See attached.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.  
This small, one-time project merits the full focus of the available funding on the direct costs needed to complete the project.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New  Existing Funding may be used for existing staff or to contract for services.
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No N/A
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No N/A
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No N/A
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No N/A
- b. If yes, has provision been made to provide the necessary funding?  Yes  No N/A
13. Legal authority to apply for and accept grant.  
MS 116J.035, subd. 1 (1)
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

*Judith Kuslinsky*  
Accounting Coordinator's Signature

3-17-00

Date

*Norman Foster*

Executive Budget Officer's Signature

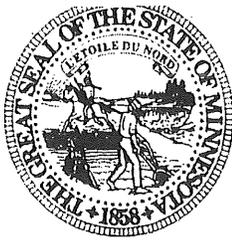
3-27-2000

Date

ATTACHMENT TO POLICY NOTE:

1. Wide discretion was given to whether to apply for funding and what to include in the application. The context of the project and administration is at DTED's discretion. The opportunity was identified by the Economic Development Administration.
2. It will develop a statewide internet database to provide information on available buildings and emergency assistance, in order to re-establish business operations in the event of a natural disaster. A revised database will be the product; a final written report will be prepared for the Economic Development Administration.
3. The site will become part of the MNPRO database which DTED created for community profiles and available buildings and land. Describing services and facilities in the event of a natural disaster will complement the database's functions in support of normal business operations.
- 5b. DTED would otherwise maintain MNPRO as a functioning system, with or without the additional disaster recovery elements represented by this project. Additional maintenance costs will be minimal.





Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
 Federal Grant Assistance

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Department Name: Department of Public Safety  Title of Project/Proposal: National Domestic Preparedness Equipment Program  Federal Catalog Number: 16-007	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>3/9/00</u> End Date: <u>3/9/01</u> Funding Amount: \$ <u>949,000.00</u> Indicate the break-down below:  FY: <u>00</u> \$ Amt.: <u>949,000.00</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____  FTE: <u>0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

Specific guidance is provided to this agency on the deliverables to meet program goals; however, some latitude is given to the state on how to best meet those program goals.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

This federal funding is provided by the Office of Justice Programs, U.S. Department of Justice, to help state and local jurisdictions obtain equipment needed to protect first responders. Funds will be provided to states to plan and execute a state-specific comprehensive threat and needs assessment, develop a three-year plan to enhance overall emergency response capabilities to terrorist incidents, and provide localities with funding to purchase equipment to support state and/or local emergency response personnel.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

This program, though different, must work closely with other emergency management programs.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ <u>0</u>	Percentage of total grant: <u>0%</u>	Hard <u>  </u> %	Soft <u>  </u> %
2nd year	\$ <u>  </u>	Percentage of total grant: <u>  </u> %	Hard <u>  </u> %	Soft <u>  </u> %

3rd year \$ \_\_\_\_\_ Percentage of total grant: \_\_\_\_\_% Hard \_\_\_\_\_% Soft \_\_\_\_\_%

Check here if no match is required.  X

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  X No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

To fulfill the work activities proposed in the grant application.

6. Are indirect costs included in the proposal?  Yes  X No.  
a. If indirect costs are not included in the proposal, indicate reason.

No salaries will be paid from this grant.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match?  Yes  X No

8. How many positions are needed to carry out this program? 0 \_\_\_\_\_ New 0.50 \_\_\_\_\_ Existing

9. Will the award supply funding of present positions?  Partial  Full  X None

10. Will new positions be funded entirely by the grant award?  Yes  X No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  X No

b. Is continuation of positions a condition of receiving the federal grant?  Yes  X No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  X No

b. If yes, has provision been made to provide the necessary funding?  Yes  No

13. Legal authority to apply for and accept grant.

Chapter 12.22 of the Minnesota Statutes.

14. Will the program involve a change in existing rules?  Yes  X No

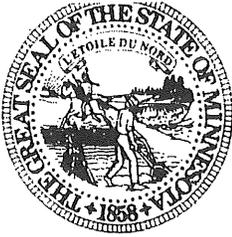
15. Will the program require new rules?  Yes  X No

  
Accounting Coordinator's Signature

3/16/00  
Date

  
Executive Budget Officer's Signature

3/21/00  
Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, Minnesota 55155

## Policy Note

### Notice of Application for Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Department of Public Safety Title of Project/Proposal: Path Forward Damage Prevention Grant Federal Catalog Number: 20700	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>01-01-01</u> End Date: <u>12-31-01</u> Funding Amount: \$ <u>80,000.00</u> <small>Indicate the break-down below:</small> FY: <u>2001</u> \$ Amt: <u>40,000.00</u> FY: <u>2002</u> \$ Amt.: <u>40,000.00</u> FY: _____ \$ Amt.: _____  FTE: <u>1</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

U.S. DOT assigned priority, with the creation of the COMMON GROUND/BEST PRACTICES. The Minnesota Office of Pipeline Safety (MNOPS) will be carrying out this program.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

MNOPS is required to enforce Minnesota Statute 216D One Call Law. In 1999 MNOPS had a 4-fold increase in caseload. We expect the same level if not greater caseload for FY2000 and continuing through to FY2002. These funds will be used to expand the damage prevention program into additional areas. (i.e....mapping, prudent excavating, and accurate locating)

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

This position fully supports existing mission of MNOPS.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %
2nd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %
3rd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
No commitments as far as accepting the money. But our long-term goals would be to make this position full time.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 12.93 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? 1.0 New \_\_\_\_\_ Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant. Minnesota Statute 216D, 299 F&J, and 4.07
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

  
Accounting Coordinator's Signature

3/16/00

Date

  
Executive Budget Officer's Signature

3/21/00

Date



Department of Finance  
 400 Centennial Building  
 658 Cedar Street  
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## Policy Note

### Notice of Application for Federal Grant Assistance

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Department Name: Department of Public Safety Title of Project/Proposal: One Call Damage Prevention Grant Federal Catalog Number: 20700	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
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This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>01-01-01</u> End Date: <u>12-31-01</u> Funding Amount: \$ <u>50,000.00</u> <small>Indicate the break-down below:</small> FY: <u>2001</u> \$ Amt: <u>25,000.00</u> FY: <u>2002</u> \$ Amt: <u>25,000.00</u> FY: _____ \$ Amt: _____  FTE: <u>0.85</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

U.S. DOT assigned priority, with enforcement their number one priority.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

Minnesota Office of Pipeline Safety (MNOPS) is required to enforce Minnesota Statute 216D One Call Law. In 1999 MNOPS had a 4-fold increase in caseload. We expect the same level if not greater caseload for FY2000 and continuing through to FY2002. These funds will be used to increase enforcement and education.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

This position fully supports existing mission of MNOPS.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

Check here if no match is required.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement?  No  Yes  
If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
No commitments as far as accepting the money. But our long-term goals would be to make this position full time.
6. Are indirect costs included in the proposal?  Yes  No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 12.93\_\_ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match?  Yes  No
8. How many positions are needed to carry out this program? 0.85New \_\_\_\_\_ Existing
9. Will the award supply funding of present positions?  Partial  Full  None
10. Will new positions be funded entirely by the grant award?  Yes  No 0.15 FTE will be paid from Special Revenue account
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  Yes  No
- b. Is continuation of positions a condition of receiving the federal grant?  Yes  No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
 Yes  No
- b. If yes, has provision been made to provide the necessary funding?  Yes  No
13. Legal authority to apply for and accept grant. Minnesota Statutes 216D, 299 F&J, and 4.07
14. Will the program involve a change in existing rules?  Yes  No
15. Will the program require new rules?  Yes  No

  
Accounting Coordinator's Signature

3/16/00  
Date

  
Executive Budget Officer's Signature

2/21/00  
Date