

010271

State of Minnesota
Department of Finance

400 Centennial Building
658 Cedar Street
St. Paul, Minnesota 55155
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DATE: April 9, 2001

TO: Senator Doug Johnson, Chair
Senate Finance Committee

Representative Dave Bishop, Chair
House Ways and Means Committee

FROM: Pamela Wheelock
Commissioner

PHONE: 651/297-7881

SUBJECT: Change Order #3 – Additional Federal Funds

RECEIVED

APR 17 2001

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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 \$1,207,900 for FY 2001, \$36,469,600 for FY 2002 and \$9,510,300 for FY 2003.

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

cc: Committee Division Chairs
Bill Marx
Mark Misukanis

AN EQUAL OPPORTUNITY EMPLOYER

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FEDERAL GRANTS

| Agency/Grant Title | \$ in Thousands (\$000) | | |
|--|-------------------------|----------|---------|
| | FY 01 | FY 02 | FY 03 |
| Children, Families and Learning | | | |
| Children, Families & Learning Department | | | |
| 1. Title 1 - Appropriation for School Improvement | | 2,431.0 | |
| 2. Reading Excellence Program | | 20,000.0 | |
| Criminal Justice | | | |
| Corrections Department | | | |
| 1. Bulletproof Vest Partnership Program | 56.9 | 5.0 | 5.0 |
| Public Safety Department | | | |
| 1. Enforcing Underage Drinking Laws Program | | 300.0 | 100.0 |
| 2. Public Information Evaluation | 300.0 | 700.0 | |
| 3. In-car Video Camera Pilot | 248.1 | | |
| 4. COPS MORE 2001 | | 1,000.0 | |
| 5. Rural Domestic Violence and Child Victimization Enforcement | | 350.0 | 350.0 |
| 6. Juvenile Accountability Incentive | | 198.1 | |
| Economic Development | | | |
| Commerce Department | | | |
| 1. State Energy Program | | | 650.0 |
| 2. State Heating Oil and Propane | | 4.0 | 4.0 |
| Housing Finance Agency | | | |
| 1. Lead Clearance Examination Cost Reimbursement | 12.0 | 111.0 | |
| Economic Security Department | | | |
| 1. Workforce Investment Act (WIA) | | 2,458.9 | 2,458.9 |
| Trade & Economic Development | | | |
| 1. National Scenic Byways Program | | 166.0 | 74.0 |
| 2. Workforce Investment Act | | 2,450.2 | |
| Environment and Natural Resources | | | |
| Agriculture Department | | | |
| 1. Gypsy Moth Regulatory Project | 2.0 | 8.0 | |
| 2. Value Added Ethanol Ventures | | 150.0 | 100.0 |
| 3. Shippers Association | | 75.0 | 25.0 |
| 4. Pest Management Practices of Minnesota - Apple & Strawberry Growers | 4.0 | 14.0 | |

FEDERAL GRANTS

| Agency/Grant Title | \$ in Thousands (\$000) | | |
|---|-------------------------|---------|---------|
| | FY 01 | FY 02 | FY 03 |
| Environment and Natural Resources (Cont'd.) | | | |
| Board of Animal Health | | | |
| 1. Eradication of Scrapie | 30.0 | 30.0 | |
| Natural Resources Department | | | |
| 1. Competitive State Wildlife Grants | | 1,000.0 | 1,000.0 |
| 2. Firewise Communities | | 275.0 | 275.0 |
| 3. Endangered Species, Section 6 | 60.0 | 75.0 | 75.0 |
| 4. Interior - Pittman Robertson Amendment Funding - Hunter Education | | 187.2 | 190.0 |
| Office of Environmental Assistance | | | |
| 1. MN Retired Engineer Technical Assistance Program (ReTAP) Demonstration Project | | 25.0 | 25.0 |
| Pollution Control Agency | | | |
| 1. CLMP Expansion | | 20.0 | 19.0 |
| 2. Lake Superior Coastal | | 20.0 | 8.1 |
| 3. Information System Infrastructure | | 800.0 | 200.0 |
| 4. Air Outreach - Fuel Efficiency | | 95.0 | |
| Zoological Garden | | | |
| 1. General Operating Support | | 112.5 | |
| Health and Human Services | | | |
| Health Department | | | |
| 1. Northeast Minneapolis Community Vermiculite Investigation | | 192.9 | 192.9 |
| 2. CDC Childhood Lead Poisoning Prevention Program Part C: Countryside Lead Prevalence Study | | 150.0 | 150.0 |
| 3. Establishing a Pregnancy Risk Assessment Monitoring System in Minnesota | 43.7 | 131.2 | 175.0 |
| 4. Improving Women's Health in Minnesota through Expanded Maternal and Child Health Program Capacity | | 100.0 | 100.0 |
| 5. Development of a State Genetics Plan for Minnesota | | 75.0 | 75.0 |
| 6. Expanded Community-Based Abstinence Education in Minnesota | | 1,000.0 | 1,000.0 |
| 7. State Nutrition and Physical Activity Programs to Prevent Obesity and Related Chronic Diseases: Minnesota American Indian Obesity Prevention Partnership | | 298.4 | 307.4 |
| 8. Traumatic Brain Injury Surveillance and Follow-up Registry | | 300.0 | 300.0 |
| 9. Epidemiology and Laboratory Capacity for Infectious Diseases | 451.2 | 451.2 | 451.2 |
| 10. Traumatic Occupational Injury Research: Science for Prevention | | 250.0 | 282.0 |
| 11. Identifying and Overcoming Barriers to Nutrition and Health | | 90.0 | 140.0 |

FEDERAL GRANTS

| Agency/Grant Title | \$ in Thousands (\$000) | | |
|--|-------------------------|--------------------|-------------------|
| | FY 01 | FY 02 | FY 03 |
| State Government | | | |
| Administration Department | | | |
| 1. New Voices: Honoring Cultures & Promoting New Voices for Family Support | | 150.0 | |
| Transportation and Other Agencies | | | |
| Transportation Department | | | |
| 1. Community Oriented Policing Services (COPS) Technology Initiative | | 220.0 | 777.8 |
| Total | \$ 1,207.9 | \$ 36,469.6 | \$ 9,510.3 |



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: 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): |
|--|--|

| | | |
|--|---|---|
| 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: 07/01/2001 End Date: 06/30/2002 Funding Amount: \$ <u>2,431,007</u> Indicate the break-down below: FY: <u>2002</u> \$ Amt.: <u>2,431,007</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: .25 |
|--|---|---|

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. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. X

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

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____, and account information (fund/appropriation) _____ / _____

b. What short and long term commitments is the state making by acceptance of this grant?
Should the state receive funding under the Reading Excellence Act, it is committing itself to operate the program until the money is exhausted and the program can be evaluated. There are no indications that the federal government will provide additional resources to continue the program for states receiving awards, although they may provide additional competitions for states. The sub-grants awarded by the state must be of sufficient size to fund the local programs for two years. Evaluation will take place during that time. The state has three years to use the award completely.

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. 10.8 %
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? 1.25 New Existing
1 Professional .25 Clerical

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

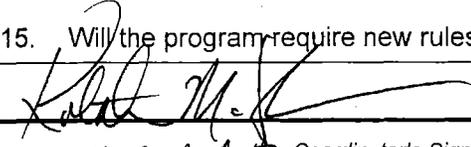
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? Yes No
b. Is continuation of positions a condition of receiving the federal grant? Yes No

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

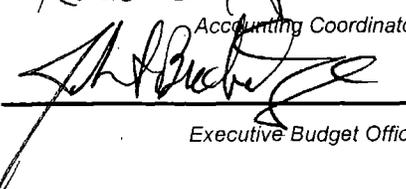
13. Legal authority to apply for and accept grant.
M.S. 4.07, Subd. 1 and M.S. 121.163

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

4/2/01
Date


Executive Budget Officer's Signature

4/4/01
Date



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

Policy Note

Notice of Application for
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| | |
|---|--|
| Department Name: CHILDREN, FAMILIES & LEARNING Title of Project/Proposal: READING EXCELLENCE PROGRAM Federal Catalog Number: 84.338 | 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: 07/01/01 End Date: 06/30/04 Funding Amount: \$ <u>20,000,000</u> <small>Indicate the break-down below:</small> FY: 2002 \$ Amt.: \$20,000,000 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: 1.25 |
|--|---|---|

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 Non-Regulatory Guidance for State Applicants stipulates how much of the grant may be used for administration, evaluation, and two sub-grant programs. The Department of Children, Families & Learning has discretion in determining how the state will fulfill the federal requirements, how it will award sub-grants, and how it will evaluate 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.
 This initiative will provide funds to states on a competitive basis in order to provide children with the readiness skills and support necessary for the acquisition of reading skills, to teach every child to read by the end of third grade, and to improve the instructional practices of elementary school teachers and staff. To receive funding, a state must establish a reading and literacy partnership with the Governor, the Commissioner of the Department of Children, Families, and Learning, the chair and the ranking minority members of the education committees in the legislature, and representatives from eligible local districts, community-based organizations, parents, teachers, and family literacy service providers. Once funded, Minnesota must create a competitive sub-grant process for high-poverty school districts. These sub-grants will be for Local Reading Improvement programs and for Tutorial Assistance programs.
 The Department of Children, Families & Learning will submit a state plan to apply for the funds.

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 differs from other programs because of the partnership requirement described above. The state has created partnerships in the past for other federal programs, such as Goals 2000 and Lifework Development. The program also emphasizes early literacy skills and provides funding for extensive professional development.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. X

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

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____

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 X 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 1 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 X 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 X None Not Applicable

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 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?

X 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? X Yes ___ No

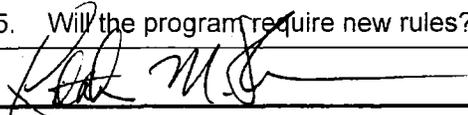
Children, Families & Learning has made provisions for unemployment costs for employees.

13. Legal authority to apply for and accept grant.

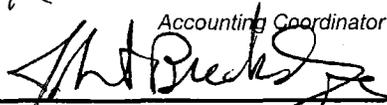
M.S. 4.07, Subd. 1 and M.S. 121.163

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



Executive Budget Officer's Signature

4/2/01

Date

4/2/01

Date



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

Policy Note
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| | | |
|--|---|---|
| Department Name: Corrections Title of Project/Proposal: Bulletproof Vest Partnership Program Federal Catalog Number: 16.607 | | Type of Grant: Discretionary <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>5/1/01</u> End Date: <u>4/14/02</u> Funding Amount: \$ <u>66,975.00</u> Indicate the break-down below: FY: <u>01</u> \$ Amt: <u>56,975.00</u> FY: <u>02</u> \$ Amt: <u>5,000</u> FY: <u>03</u> \$ Amt: <u>5,000</u> FTE: <u>None</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.

The agency is allowed full discretion for the preparation and application of this grant.
- 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.

To provide appropriate threat level body armor to state corrections officers and their staff for protection while performing legislated duties.
- 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.

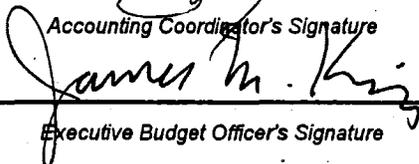
Within federal guidelines, all units of government can apply for this matching grant. There appears no need for coordination of this program.
- If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. **If approved, level may be up to 50% of state expenditures.**
 1st year \$ 56,975 % of total grant: 50+ % Hard 100 % Soft 0 % Fund 100 Appropriation
 2nd year \$ 5,000 % of total grant: 50+ % Hard 100 % Soft 0 % Fund 100 Appropriation
 3rd year \$ 5,000 % of total grant: 50+ % Hard 100 % Soft 0 % Fund 100 Appropriation

 If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____.
- 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.
The grant provides up to 50% match for purchased body armor.
- 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. 241.01, Subd. 5a
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


Executive Budget Officer's Signature

Date

Date



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Policy Note

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| | |
|---|---|
| Department Name: Public Safety Title of Project/Proposal: Enforcing Underage Drinking Laws Program Federal Catalog Number: 16.727 | 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: 12/19/2000 End Date: 9/30/2002 Funding Amount: \$ 400,000.00 <small>Indicate the break-down below:</small> FY: 01 \$ Amt.: - 0 - FY: 02 \$ Amt.: 300,000.00 FY: 03 \$ Amt.: 100,000.00 FTE: _____ |
|---|---|---|

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 Office of Juvenile Justice and Delinquency Prevention (OJJDP) defined the parameters of the Enforcing the Underage Drinking Laws Program. The Office of Traffic Safety, which is the recipient of the grant, is allowed 3% for administrative costs to monitor the programs funded through this application. The remainder of the funding will go to eight sub-contracts to implement community based projects.

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 "Enforcing the Underage Drinking Laws Discretionary Program" goal is to increase community efforts to decrease youth access to alcohol through comprehensive planning and implementation including increased law enforcement, youth participation and community involvement.

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 other state agency implementing the goals of this project; however, private agencies and the University of MN have been supporting and implementing efforts that address underage drinking.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. x

| | | | | | |
|-------------------|---------------------------|--------------|--------------|------------|---------------------|
| 1st year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |
| 2nd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |
| 3rd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____.

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

There is no other state agency implementing the goals of this project; however, private agencies and the University of MN have been supporting and implementing efforts that address underage drinking.

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 .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

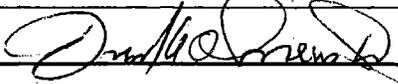
b. If yes, has provision been made to provide the necessary funding? Yes No

13. Legal authority to apply for and accept grant.

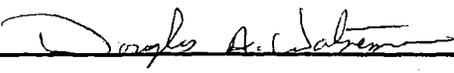
**The governor chose the Department of Public Safety, Office of Traffic Safety (OTS), to implement Block Grant funds from the Department of Justice, Office of Juvenile Justice and Delinquency Prevention. OTS was the only state office eligible to apply for the Enforcing Underage Drinking Laws Discretionary funds.
MN Statutes Section 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

4/3/01
Date


Executive Budget Officer's Signature

4/4/01
Date



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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: Public Safety Title of Project/Proposal: Public Information Evaluation Federal Catalog Number: 20.600 | 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>5/01/01</u> End Date: <u>6/30/02</u> Funding Amount: \$ <u>1,000,000.00</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>300,000.00</u> FY: <u>02</u> \$ Amt.: <u>700,000.00</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.

Very limited discretion; the application is a response to a specific request for proposals from the federal DOT/National Traffic Safety Administration.

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 design and conduct a paid media campaign focusing on passenger protection targeted at young males and to conduct a formal evaluation of the campaign. Evaluation components will include frequent observational surveys of seat belt use, telephone surveys to measure changes in attitudes and knowledge, and paper surveys to be available at DVS Exam stations. Results of the evaluation will be in the form of a report.

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 project funds activities that will not be undertaken if the application is not accepted by the National Highway Traffic Safety Administration. A temporary, half-time position within the Office of Traffic Safety will be responsible for monitoring and coordinating the program.

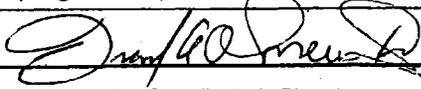
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | | |
|-------------------|---------------------------|--------------|--------------|------------|---------------------|
| 1st year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |
| 2nd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |
| 3rd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |

If the grant runs longer than three years, include information for each additional year.

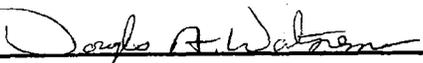
Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.

5. a. Does the grant contain a maintenance of effort requirement? No Yes
If yes, please provide the base year _____, the amount \$ _____ and account information (fund/appropriation) _____
- 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. _____ 12.22 %
- 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 _____ 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.
Minnesota Statutes Section 4.075 authorizes the Governor to contract with the DOT/NHTSA to accomplish the purposes of the funding act. The authority to manage this contract was delegated to the Commissioner of Public Safety and the Division of Traffic Safety.
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

4/3/01

Date


Executive Budget Officer's Signature

4/4/01

Date



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

Policy Note

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|---|--|
| Department Name: Public Safety, State Patrol Div. Title of Project/Proposal: In-car Video Camera Pilot Federal Catalog Number: 16.710 | 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 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: 05/01/01 End Date: 9/30/01 Funding Amount: \$ <u>248,112.00</u> <small>Indicate the break-down below:</small> FY: <u>01</u> \$ Amt.: <u>248,112.00</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: _____ |
|--|---|---|

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.

All funds must go toward the purchase and installation of in-car video cameras for law enforcement use. The State Patrol estimates that 72 additional in-car video cameras can be acquired with these funds.

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 grant is to install in-car video/audio monitoring equipment in MSP vehicles for the purpose of collecting evidence to be used in the prosecution of law violators. The system will allow a trooper to preserve evidence by recording video/audio of all events occurring within the camera's field of view.

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 MSP currently has 50 in-car video/audio cameras installed in patrol vehicles. An additional 72 cameras will expand the program and increase the savings and efficiencies from the use of these devices.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | | |
|-------------------|-------------------------|--------------|--------------|--------------|---------------------|
| 1st year \$ _____ | % of total grant: _____ | % Hard _____ | % Soft _____ | % Fund _____ | Appropriation _____ |
| 2nd year \$ _____ | % of total grant: _____ | % Hard _____ | % Soft _____ | % Fund _____ | Appropriation _____ |
| 3rd year \$ _____ | % of total grant: _____ | % Hard _____ | % Soft _____ | % Fund _____ | Appropriation _____ |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information
(fund/appropriation) _____ / _____.

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.

Grant is for the purchase of equipment only.

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? None 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

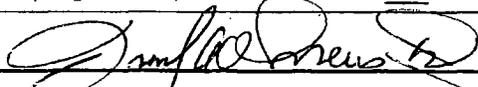
b. If yes, has provision been made to provide the necessary funding? Yes No

13. Legal authority to apply for and accept grant.

MS 4.07, Subd. 1 and 2

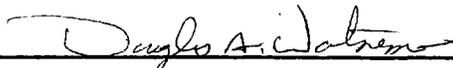
14. Will the program involve a change in existing rules? Yes No

15. Will the program require new rules? Yes No


Accounting Coordinator's Signature

4/3/01

Date



Executive Budget Officer's Signature

4/4/01

Date



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

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| | |
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| Department Name: Minnesota State Patrol Title of Project/Proposal: COPS MORE 2001 Federal Catalog Number: 16.710 | 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: 10/01/01 End Date: 09/31/02 Funding Amount: \$1,000,000.00 Indicate the break-down below: FY: 02 \$ Amt.: 1,000,000.00 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: _____ |
|--|---|---|

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.

COPS MORE 2001 is a program to help law enforcement agencies become more efficient by providing funding for new technology/equipment that will allow troopers to spend more time engaged in community or problem oriented policing activities. Under this program we will show a time savings is a direct result of the items purchased.

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 Minnesota State Patrol will be seeking Mobile Data Computers for patrol vehicles. The use of this equipment would permit troopers to complete crash reports and narrative reports in the patrol vehicle. Reports could also be printed within the vehicle. The trooper would not have to drive to an office to complete reports. The time spent driving would be saved and used for increased community involvement and presence in the field.

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 technology will increase the effectiveness of the trooper in the field and will enhance their ability to complete their work quickly and efficiently.

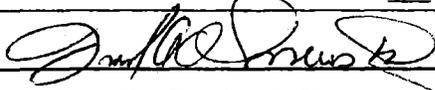
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

1st year \$250,000.00 % of total grant: 25 % Hard _____ % Soft % Fund 270 Appropriation 193
 1st year \$ _____ % of total grant: _____ % Hard _____ % Soft Fund _____ Appropriation _____

If the grant runs longer than three years, include information for each additional year.

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

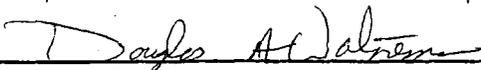
5. a. Does the grant contain a maintenance of effort requirement? No Yes
If yes, please provide the base year _____, the amount \$ _____ and account information
(fund/appropriation) _____ / _____
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect 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 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
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.
MN MS 4.07 Subd. 1 and 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

4/3/01

Date



Executive Budget Officer's Signature

4/4/01

Date



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| Department Name: Public Safety - MN Center for Crime Victim Services (MCCVS) Title of Project/Proposal: Rural Domestic Violence and Child Victimization Enforcement Federal Catalog Number: 16-582 | 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 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: 10/1/2001 End Date: 3/31/2003 Funding Amount: \$ 700,000.00 Indicate the break-down below: FY: 2002 \$ Amt.: 350,000.00 FY: 2003 \$ Amt.: 350,000.00 FY: \$ Amt.: FTE: 0.00 |
|--|---|---|

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.

Funds must be used for the enhancement of female domestic and child victim safety in rural and tribal areas.

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.

Enhancement of women and children through the development of cross-training curriculum, pilot projects, and collaboration of key criminal justice professionals, county-based child protection services, and domestic abuse advocates.

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 Center for Crime Victim Services provides unique services. There are no other similar existing programs. This grant will include collaboration with the Department of Human Services, Department of Children, Families and Learning, the Minnesota Center Against Violence and Abuse at the University of Minnesota, and the Minnesota Coalition for Battered Women.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

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|-------------------|---------------------------|--------------|--------------|------------|---------------------|
| 1st year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |
| 2nd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |
| 3rd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |

If the grant runs longer than three years, include information for each additional year.

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 _____ the amount \$ _____ and account information (fund/appropriation) _____ / _____

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.

The role of MCCVS in this grant process is to provide the administration of the funding, as the single state contact with the Federal funding source. No FTEs are included, nor indirect costs, as what is needed from MCCVS is minimal. The other collaborative agencies are carrying out the goals and objectives of the 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 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

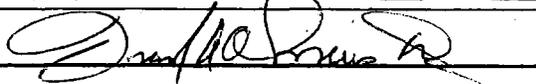
b. If yes, has provision been made to provide the necessary funding? Yes No

13. Legal authority to apply for and accept grant.

MN Stat. 4.07 MN Dept. of Public Safety

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

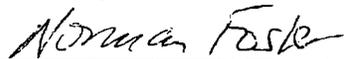
15. Will the program require new rules? Yes No



Accounting Coordinator's Signature

4/3/01

Date



Executive Budget Officer's Signature

4/5/2001

Date



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

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| Department Name: Public Safety Title of Project/Proposal: Juvenile Accountability Incentive Federal Catalog Number: Block Grants | 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 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>4/1/01</u> End Date: <u>9/30/02</u> Funding Amount: \$ _____ Indicate the break-down below: FY: <u>02</u> \$ Amt.: <u>\$198,140</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: _____ |
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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.

There are 12 program areas. The BCA grant falls into the following two areas:
 (1) Accountability based sanctions
 (2) Info sharing programs
- 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.

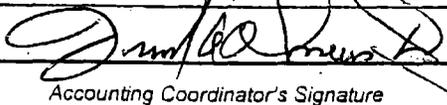
**Increase training and information sharing on juvenile prostitution.
 Improve statewide tracking/monitoring of juvenile prostitution.
 Improve tracking/monitoring of juvenile sex offender registration compliance.**
- Describe how the proposed program relates to, or differs from, existing state programs, 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 enhances the Predatory Offender Registration Program by assuring that juvenile offenders are properly registered and expands our ability to get information out about juvenile prostitution.
- If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. _____
 Match is to be provided by state funds from the Minnesota Department of Economic Security.
 1st year \$22,016 % of total grant: 10 % Hard 100 % Soft _____ % Fund _____ Appropriation _____
 2nd year \$ _____ % of total grant: _____ % Hard _____ % Soft _____ % Fund _____ Appropriation _____
 3rd year \$ _____ % of total grant: _____ % Hard _____ % Soft _____ % Fund _____ Appropriation _____
 If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____.
- 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. 12.22 %
 - 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. 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

4/3/01
Date


Executive Budget Officer's Signature

4/5/2001
Date



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| | |
|--|--|
| Department Name: Commerce Title of Project/Proposal: State Energy Program Federal Catalog Number: 81-041 | Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): This note covers possible funding increase for grant included in biennial budget. While congressional action is still pending, there is a reasonable likelihood of approval. |
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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? <p style="text-align: center;"><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> If yes, state the page and current budget volume for reference. Page E 232, Economic Development Volume | This award/proposal: For possible increase in formula grant Start Date: <u>7/1/02</u> End Date: <u>6/30/05</u> Funding Amount: \$ <u>650,000</u> increase annually Indicate the break-down below: Subject to annual appropriation by Congress FY: <u>03</u> \$ Amt.: <u>650,000</u> increase FY: <u>04</u> \$ Amt.: <u>650,000</u> increase FY: <u>05</u> \$ Amt.: <u>650,000</u> increase FTE: _____ |
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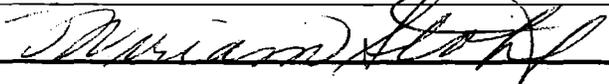
1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. SEP rules provide very broad discretion in both staffing and program selection. No specific program activities are mandated.
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 Energy Program (SEP) activities promote energy conservation and renewable energy resources. In general, additional funds would likely support increased consumer information efforts, technical assistance and technology demonstrations.
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.
 Will support and expand current State Energy Program activities.
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | |
|--|-------------------|--------------|------------|---------------|
| 1st year \$ <u>130,000</u> add % of addtn grant: <u>20</u> % | Hard <u>100</u> % | Soft _____ % | Fund _____ | Appropriation |
| 2nd year \$ <u>130,000</u> add % of addtn grant: <u>20</u> % | Hard <u>100</u> % | Soft _____ % | Fund _____ | Appropriation |
| 3rd year \$ <u>130,000</u> add % of addtn grant: <u>20</u> % | Hard <u>100</u> % | Soft _____ % | Fund _____ | Appropriation |

If the grant runs longer than three years, include information for each additional year.
 Grant is subject to annual application; however, funding is expected to be ongoing.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____
- b. What short and long term commitments is the state making by acceptance of this grant?
Energy conservation and renewable energy promotion during life 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. 20.2%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
Approved rate
7. Are indirect costs part of any match? Yes No
8. How many positions are needed to carry out this program? one 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.
216C.02
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

4-5-01

Date



Executive Budget Officer's Signature

4-5-01

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: Commerce Title of Project/Proposal: State Heating Oil and Propane Program Federal Catalog Number: 81-039 | 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>8/1/01</u> End Date: <u>7/31/02</u> Funding Amount: \$ <u>4,000</u> annually Indicate the break-down below: Subject to annual application FY: <u>02</u> \$ Amt.: <u>4,000</u> FY: <u>03</u> \$ Amt.: <u>4,000</u> FY: <u>04</u> \$ Amt.: <u>4,000</u> FTE: <u>.13</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.
 Grant is specifically targeted to support the performance of a weekly survey of heating fuel prices. The Department has taken this survey for more than a decade using state funds alone.

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.
 Survey provides timely data needed by state and federal agencies to anticipate issues of heating fuel supply and availability.

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.
 Supports current state activity.

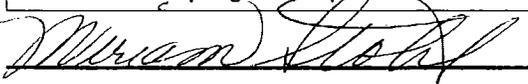
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | | | |
|----------|-----------------|--------------------------------|-------------------|--------------------|------------------|---------------|
| 1st year | \$ <u>4,000</u> | % of total grant: <u>100</u> % | Hard <u>100</u> % | Soft <u> </u> % | Fund <u> </u> | Appropriation |
| 2nd year | \$ <u>4,000</u> | % of total grant: <u>100</u> % | Hard <u>100</u> % | Soft <u> </u> % | Fund <u> </u> | Appropriation |
| 3rd year | \$ <u>4,000</u> | % of total grant: <u>100</u> % | Hard <u>100</u> % | Soft <u> </u> % | Fund <u> </u> | Appropriation |

If the grant runs longer than three years, include information for each additional year.
 Grant is subject to annual application; however, funding is expected to be ongoing.

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

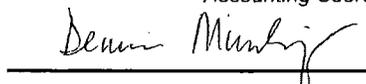
5. a. Does the grant contain a maintenance of effort requirement? No Yes
If yes, please provide the base year _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
State commits to perform weekly heating season survey during life 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: 20.2%
- 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 .13 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 NA 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.
216C.02
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

3-30-01

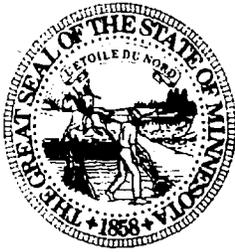
Date



Executive Budget Officer's Signature

4-5-01

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: MN Housing Finance Agency Title of Project/Proposal: Lead Clearance Examination Cost Reimbursement Federal Catalog Number: | Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" 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: 4/01 End Date: 6/30/03 Funding Amount: \$ 123,000 Indicate the break-down below: FY: 01 \$ Amt.: 12,000 FY: 02 \$ Amt.: 111,000 FY: _____ \$ Amt.: _____ FTE: -0- |

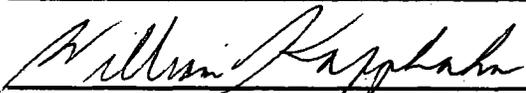
1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. **No application has been submitted. rules promulgated by HUD and effective in September of 2000 receive a lead clearance exam conducted on housing units receiving federal rehabilitation funds. The funding amount is an estimate based on the level of activity during FFY01. HUD is providing reimbursement of up to \$150 for each clearance examination.**
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 funds is to reimburse agencies for the costs of conducting a clearance examination. The goal of the program with respect to lead clearance is to ensure that housing that is rehabilitated with federal funds has had the appropriate lead paint controls.**
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. **State law only requires a lead clearance when the rehabilitation work is done on response to a report of elevated lead blood levels. Federal regulations expand the requirement to rehabilitation with federal dollars.**
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. **N/A**

| | | | | | |
|-------------------|---------------------------|--------------|--------------|------------|---------------|
| 1st year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation |
| 2nd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation |
| 3rd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation |

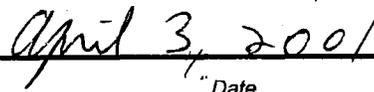
If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____
- b. What short and long term commitments is the state making by acceptance of this grant? **There is no commitment attached to these funds; it is a reimbursement for activities performed.**
6. Are indirect costs included in the proposal? Yes No
- a. If indirect costs are not included in the proposal, indicate reason. **The rate of reimbursement is a flat amount determined by HUD.**
- 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. **MHFA does not have an approved rate.**
7. Are indirect costs part of any match? Yes No **No match required.**
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 **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
13. Legal authority to apply for and accept grant. **Minn. Stat. § 462A.05, Subd. 6, accepting funds; Minn. Stat. § 462A.05-1, rehab of single family homes; Minn. Stat. § 462A.06, Subd. 6, agreements with federal agencies.**
14. Will the program involve a change in existing rules? Yes No
15. Will the program require new rules? Yes No



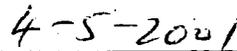
Accounting Coordinator's Signature



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: Economic Security Title of Project/Proposal: Workforce Investment Act (WIA) allotments, Program Year 2001 Federal Catalog Number: 17.255 | 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 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. Additional +0 E99, Employment Transition Services, Youth Services | This award/proposal: Start Date: <u>7/1/01</u> End Date: <u>6/30/03</u> Funding Amount: \$ <u>4,917,904</u> Indicate the break-down below: FY: <u>02</u> \$ Amt.: <u>2,458,952</u> FY: <u>03</u> \$ Amt.: <u>2,458,952</u> FY: _____ \$ Amt.: _____ FTE: <u>0.0</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.
No discretion or latitude was applied. This application was a formula increase to WIA Adult and Youth Allotments.
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.
WIA Adult Basic Grant provides adults with information and services designed to assist them in becoming full participants in the labor force. WIA Youth Formula Grant is targeted to economically disadvantaged youth, providing year-round employment and training opportunities.
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 represents a formula increase to existing programs.
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | | |
|-------------------|-------------------------|--------------|--------------|------------|---------------------|
| 1st year \$ _____ | % of total grant: _____ | % Hard _____ | % Soft _____ | Fund _____ | Appropriation _____ |
| 2nd year \$ _____ | % of total grant: _____ | % Hard _____ | % Soft _____ | Fund _____ | Appropriation _____ |
| 3rd year \$ _____ | % of total grant: _____ | % Hard _____ | % Soft _____ | Fund _____ | Appropriation _____ |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____.

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.

The indirect costs are included in the original grant award.

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 16 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

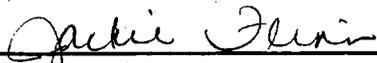
b. If yes, has provision been made to provide the necessary funding? Yes No

13. Legal authority to apply for and accept grant.

M.S. 268.196.001

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

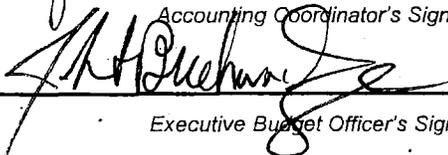
15. Will the program require new rules? Yes No



Accounting Coordinator's Signature

3/30/01

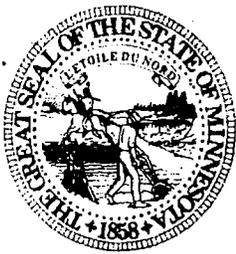
Date



Executive Budget Officer's Signature

4/2/01

Date



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

Policy Note

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| | |
|---|---|
| Department Name: Trade & Economic Development Title of Project/Proposal: National Scenic Byways Program Federal Catalog Number: | Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): (increase in funding level) |
|---|---|

| | | |
|--|--|---|
| 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 Effective July 1, 2001 | 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. E15-E17 | This award/proposal: Start Date: <u>1/1/02</u> End Date: <u>10/1/03</u> Funding Amount: \$ <u>246,640.00</u> Indicate the break-down below: FY: <u>02</u> \$ Amt.: 166,000 FY: <u>03</u> \$ Amt.: 74,000 FY: _____ \$ Amt.: _____ FTE: _____ |
|--|--|---|

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.

Governed by Federal Highway Commission

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.

Please 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.

Please see attached

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | | | |
|----------|----------|--------------------------|-------------|-------------|------------|---------------------|
| 1st year | \$41,500 | % of total grant: 20% | Hard 100% | Soft _____% | Fund _____ | Appropriation _____ |
| 2nd year | \$20,160 | % of total grant: 20% | Hard 100% | Soft _____% | Fund _____ | Appropriation _____ |
| 3rd year | \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____.

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.

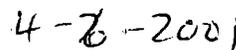
14. Will the program involve a change in existing rules? Yes No

15. Will the program require new rules? Yes No


Accounting Coordinator's Signature


Date


Executive Budget Officer's Signature


Date

2) Promote Minnesota's Scenic Byways. Twenty Scenic Byways were designated and amenities developed with assistance and funding from the Federal Highway Administration. Scenic Byways Program, during the last decade. MOT applied for and received a two year grant from the Federal Highway Administration to market the Byways to increase awareness among travelers and to generate travel.

3) MOT in conjunction with the Minnesota Scenic Byways Commission, developed a master marketing plan for byways in 1999. The purpose of the plan was to provide a statewide scope for marketing Minnesota Scenic Byways in order to have a unified marketing effort to be more effective in raising awareness of Scenic Byways and use of these transportation assets. Specifically the plan was developed to capitalize on the state's existing tourism marketing efforts. The projects included in the grant proposal are coordinate with the MOT advertising and promotion and take advantage of equity of the "Explore Minnesota" brand.



Department of Finance
 400 Centennial Building
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Policy Note

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| | |
|---|---|
| Department Name: <u>DTED/</u> Workforce Investment Act Title of Project/Proposal: (WIA) Title 1 Dislocated Worker Federal Catalog Number: 17.255 | Type of Grant: ___ New <u>X</u> Continuation ___ Other (if other, please explain): |
|---|---|

| | | |
|--|---|---|
| This request is in the following state: ___ Pre-Application ___ Application ___ Negotiation <u>X</u> Awarded Effective July 1, 2001 | Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <u>X</u> No ___ Yes If yes, state the page and current budget volume for reference. | This award/proposal: Start Date: <u>7/1/01</u> End Date: <u>6/30/02</u> Funding Amount: \$ <u>2,450,235</u> <small>Indicate the break-down below:</small> FY: <u>02</u> \$ Amt.: <u>2,450,235</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: _____ |
|--|---|---|

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.

Because of Federal/State partnership, DTED (MJSP) has been designated administrative entity, money and program is subject to Federal law, rules and regulations.

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 program has as its purpose to assist dislocated workers who lose their jobs because of plant closing, mass layoffs, etc. to obtain a new job with comparable wages. Some funds are by formula distributed to the 17 designated service 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.

Complements the state program in providing resources to assist dislocated workers. Coordination is accomplished through submission of a unified plan of action and approved if in conformance to WIA law, etc.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | | | |
|----------|----------|--------------------------|-------------|-------------|------------|---------------------|
| 1st year | \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |
| 2nd year | \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |
| 3rd year | \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
_____ None, no tails 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. _____ %
- 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.
State Statute
14. Will the program involve a change in existing rules? Yes No
15. Will the program require new rules? Yes No

Judy Kishinger

Accounting Coordinator's Signature

4-6-01

Date

Norman Foster

Executive Budget Officer's Signature

4-6-2001

Date



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

Policy Note

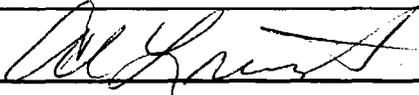
Notice of Application for
 Federal Grant Assistance

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: Gypsy Moth Regulatory Project 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 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. <i>Add To Gypsy Moth, Slow The Spread Pg D-14 @ \$34,000 for FY 02</i> | This award/proposal: Start Date: <u>5/1/01</u> Date: <u>12/31/01</u> Funding Amount: <u>\$10,000</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>2,000</u> FY: <u>02</u> \$ Amt.: <u>8,000</u> FY: <u>03</u> \$ Amt.: _____ 0 FTE: <u>.25</u> | | | | | | | | | | | | | | | | | | |
| <ol style="list-style-type: none"> 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 to the needs of Minnesota. 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. To enhance Minnesota's current program by 1) surveying Minnesota state parks not included in the trapping grid for this trapping season, 2) contact Minnesota moving companies to provide information and education on preventing Gypsy Moth movement, and 3) provide information to Minnesota wayside rest 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. Project builds on exiting program @ focusing on the regulatory aspects of gypsy moth infestations and provides education and outreach to high priority target audiences. 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: 25%;">1st year \$ <u>0</u></td> <td style="width: 25%;">Percentage of total grant: <u> </u>%</td> <td style="width: 10%;">Hard</td> <td style="width: 10%;">%</td> <td style="width: 10%;">Soft</td> <td style="width: 10%;">0%</td> </tr> <tr> <td>2nd year \$ <u>0</u></td> <td>Percentage of total grant: <u> </u>%</td> <td>Hard</td> <td>%</td> <td>Soft</td> <td>0%</td> </tr> <tr> <td>3rd year \$ <u>N/A</u></td> <td>Percentage of total grant: <u> </u>%</td> <td>Hard</td> <td>%</td> <td>Soft</td> <td>0%</td> </tr> </table> <p style="margin-top: 10px;">Check here if no match is required. <input checked="" type="checkbox"/></p> | | | 1st year \$ <u>0</u> | Percentage of total grant: <u> </u> % | Hard | % | Soft | 0% | 2nd year \$ <u>0</u> | Percentage of total grant: <u> </u> % | Hard | % | Soft | 0% | 3rd year \$ <u>N/A</u> | Percentage of total grant: <u> </u> % | Hard | % | Soft | 0% |
| 1st year \$ <u>0</u> | Percentage of total grant: <u> </u> % | Hard | % | Soft | 0% | | | | | | | | | | | | | | | |
| 2nd year \$ <u>0</u> | Percentage of total grant: <u> </u> % | Hard | % | Soft | 0% | | | | | | | | | | | | | | | |
| 3rd year \$ <u>N/A</u> | Percentage of total grant: <u> </u> % | Hard | % | Soft | 0% | | | | | | | | | | | | | | | |

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

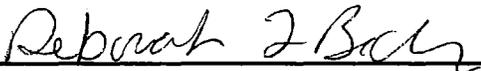
5. a. Does the grant contain a maintenance of effort requirement? No Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long-term commitments is the state making by acceptance of this grant?
Short-term commitments as outlined in the proposed workplan. No long-term 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? 25 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 Statutes 114 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

3/26/01

Date



Executive Budget Officer's Signature

4/3/01

Date



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: Department of Agriculture Title of Project/Proposal: Value Added Ethanol Ventures Federal Catalog Number: CFDA 10.771 | 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. In FY02-03 biennial budget request for \$100,000, under USDA Innovative Marketing pg D 15. | This award/proposal: Start Date: <u>10/01/01</u> End Date: <u>09/30/02</u> Funding Amount: \$ <u>250,000</u> Indicate the break-down below: FY: <u>02</u> \$ Amt.: <u>150,000</u> FY: <u>03</u> \$ Amt.: <u>100,000</u> FY: _____ \$ Amt.: _____ FTE: _____ |

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 may be in the administration/staffing or program selection 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 state of Minnesota is unique in the ethanol industry hosting the first set of truly producer-owned ethanol plants using corn as the feedstock. Due to unique properties of wheat co-products and barley, ethanol plants using these as feedstock would be more profitable than those of similar alcohol capacity based on corn and equipment is primarily off-the-shelf and commercially proven. The grant will assist Minnesota agriculture producers and processors in research and development of this market.

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 project will be coordinated with MDA's ethanol 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. Cash or confirmed funding commitments from non-Federal Sources. Funds to be provided by industry stakeholders.

| | | | | |
|----------|-----------|------------------------------------|--------------|--------------|
| 1st year | \$150,000 | Percentage of total grant: 60 % | Hard _____ % | Soft 100% |
| 2nd year | \$100,000 | Percentage of total grant: 40 % | Hard _____ % | Soft 100% |
| 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 grant will assist in funding the research, technical assistance and advisory services needed to establish an effective ethanol plant using feedstock provided from wheat or barley.
6. Are indirect costs included in the proposal? Yes No.
- a. If indirect costs are not included in the proposal, indicate reason.
Funds will be contracted out to provide research, technical assistance and advisory services required for 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
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
- 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. 17.03, subd. 1
M.S. 17.101, subd 1&2
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 4/2/01

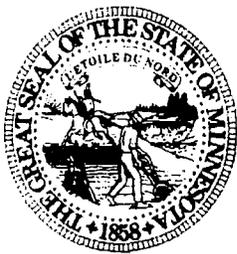
Date



Executive Budget Officer's Signature

4/2/01

Date



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: Department of Agriculture Title of Project/Proposal: Shippers Association Federal Catalog Number: CFDA 10.771 | 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. Additional to Innovative Mktg pg D15 @\$100,000. for FY02 | This award/proposal: Start Date: <u>10/01/01</u> End Date: <u>09/30/02</u> Funding Amount: \$ <u>\$100,000</u> <small>Indicate the break-down below:</small> FY: <u>02</u> \$ Amt.: <u>\$75,000</u> FY: <u>03</u> \$ Amt.: <u>\$25,000</u> FY: _____ \$ Amt.: _____ FTE: _____ |
|--|--|---|

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 has complete latitude in developing this 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.

Assist Minnesota agriculture producers and processors in forming a non-profit corporation or member cooperative shippers association intended to ease the marketing and movement from origin to destination of agriculture and other processed & manufactured products. (This may include forest, animal, or mine products to leverage the discounts of combining volumes in contract shipping negotiations.)

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 project will be coordinated with MN Shipper's association program project, if funds are appropriated this session (HF2210/SF1972).

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. (25% of Cash or In Kind required). MDA will not apply for this grant if state match is not appropriated this session.

| | | | | |
|----------|----------|--|--------------|-------------------|
| 1st year | \$18,750 | Percentage of total grant: <u>19</u> % | Hard _____ % | Soft <u>100</u> % |
| 2nd year | \$ 6,250 | Percentage of total grant: <u>16</u> % | Hard _____ % | Soft <u>100</u> % |
| 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 grant will assist in funding the research, technical assistance and advisory services need to establish an effective non profit corporation or member cooperative shipper's associations for agriculture in Minnesota.

6. Are indirect costs included in the proposal? Yes No.
- a. If indirect costs are not included in the proposal, indicate reason.
Funds will be contracted out to provide research, technical assistance and advisory services required for 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? 8 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 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.

M.S. 17.03, subd. 1
M.S. 17.101, subd. 1&2
M.S. 004 07 003

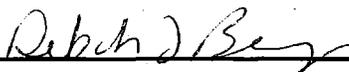
14. Will the program involve a change in existing rules? Yes No
15. Will the program require new rules? Yes No



Accounting Coordinator's Signature

4-2-01

Date



Executive Budget Officer's Signature

4-3-01

Date



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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| | |
|---|--|
| <p>Department Name: Department of Agriculture</p> <p>Title of Project/Proposal: Pest Management Practices of Minnesota. Apple & Strawberry Growers.</p> <p>Federal Catalog Number: 66.700</p> | <p>Type of Grant:</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input checked="" type="checkbox"/> Other (if other, please explain): Additional Initiative funds are being made available over the base funding. See EPA-FIFRA Consolidated Coop Agree-Pg D-14</p> |
|---|--|

| | | |
|---|---|---|
| <p>This request is in the following state:</p> <p><input type="checkbox"/> Pre-Application</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Negotiation</p> <p><input type="checkbox"/> Awarded</p> | <p>Has the Legislature approved the expenditure of these funds by review in the biennial budget process?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, state the page and current budget volume for reference.</p> <p><i>Addl TO EPA-FIFRA Consol. Coop Pg D-14 @ 902,000 FY02.</i></p> | <p>This award/proposal:</p> <p>Start Date: <u>06/01/01</u> End Date: <u>09/30/01</u></p> <p>Funding Amount: \$18000.00I Indicate the break-down below:</p> <p>FY: <u>01</u> \$ Amt.: \$ 4,000.00</p> <p>FY: <u>02</u> \$ Amt.: \$14,000.00</p> <p>FY: _____ \$ Amt.: _____</p> <p>FTE: <u>.33</u> (Seasonal/Part-time)</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.

The Agency has complete discretion in developing workplan and budgets.

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 objective is to help reduce the impact of the Food Quality Protection Act on Minnesota fruit industry by facilitating the adoption of IPM and other low input pest control strategies in Minnesota. Pest identification factsheets and brochures and pest management manuals will be produced to address the needs of Minnesota Apple and Strawberry growers.

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.

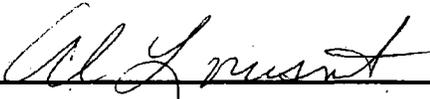
The proposed project fits directly into MDA's goal of helping growers to produce their crops in a most efficient and environmentally sustainable manner. The project will be coordinated by the Plant Pest Survey & Biological Control Program of the Ag. Development Division.

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 met with existing resources.

| | | | | |
|----------|--------------------|--|------------------|--------------|
| 1st year | \$ <u>6,000.00</u> | Percentage of total grant: <u>15</u> % | Hard <u>15</u> % | 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 \$ _____.
- 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. 18.60 %
- 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

3/24/01

Date



Executive Budget Officer's Signature

4/2/01

Date



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

Policy Note
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| | |
|--|--|
| Department Name: Board of Animal Health Title of Project/Proposal: Eradication of Scrapie 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 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>04/01/01</u> End Date: <u>09/30/01</u> Funding Amount: \$ <u>60,000</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>30,000</u> FY: <u>02</u> \$ Amt.: <u>30,000</u> FY: _____ \$ Amt.: _____ FTE: <u>1.0 existing</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.
 Dollars used for only Scrapie Eradication Program
- 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.
 Funds will be used for fee basis testing, field flock testing, expanded and intensified surveillance activities in sheep and clerical support.
- 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 is to eradicate Scrapies
- If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | | |
|-------------------|--------------------------|-------------|-------------|------------|---------------------|
| 1st year \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |
| 2nd year \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |
| 3rd year \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The commitment to eradicate Scrapie
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, 3.45 %
- 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} (involves an Office & Administrative Spec, Sr)
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.
MS 4.07
14. Will the program involve a change in existing rules? Yes No
15. Will the program require new rules? Yes No

Barbara A. Sawyer

Accounting Coordinator's Signature

4/4/01

Date

Deborah J. Beck

Executive Budget Officer's Signature

4/4/01

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: Competitive State Wildlife Grants Federal Catalog Number: 15.XXX | | 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: 07/01/2001 End Date: 06/30/2003 Funding Amount: \$ 2,000,000 Indicate the break-down below: FY: 2002 \$ Amt.: 1,000,000 FY: 2003 \$ Amt.: 1,000,000 FY: _____ \$ Amt.: _____ FTE: 0 |

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.

Full discretion by the State in grant subject and design.

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 U.S. Fish and Wildlife Service is developing a cost-shared, competitively-awarded, project-based program for State wildlife grant funding. The program will fund the conservation of the State's full array of wildlife and their habitats, with emphasis placed on those species conservation efforts that are most under funded and have the greatest conservation need.

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 coordination will be within the Division of Fisheries' Sport Fish Restoration (DJ) and the Division of Wildlife's Wildlife Restoration (PR) programs. The non-formula, competitive nature of the grants sets it apart from the formula funding of those two federal programs. Federal funding is under Title VIII of the Department of the Interior appropriation bill.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

Unknown at this time. Every effort will be made to leverage federal funds to the maximum extent possible

1st year \$? % of total grant: _____ Hard _____% Soft _____% Fund 230 Appropriation
 2nd year \$? % of total grant: _____ Hard _____% Soft _____% Fund 230 Appropriation
 3rd year \$ _____ % of total grant: _____ Hard _____% Soft _____% Fund _____ Appropriation

If the grant runs longer than three years, include information for each additional year.

5. a. Does the grant contain a maintenance of effort requirement? No Yes
If yes, please provide the base year _____ the amount \$ _____ and account information
(fund/appropriation) _____ / _____.

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

The State is expected to develop a wildlife conservation plan to be eligible for participation in this grant 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. 30.3%

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? Y 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

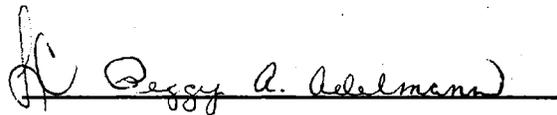
b. If yes, has provision been made to provide the necessary funding? Yes No

13. Legal authority to apply for and accept grant.

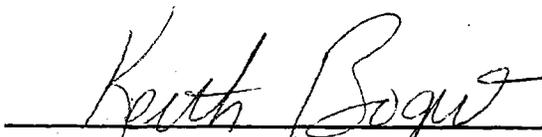
M.S. 84.085 (1.b)

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 27, 2001
Date


Executive Budget Officer's Signature

4/2/01
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: Firewise Communities Federal Catalog Number: 10.664-Title 2 | 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>07/01</u> End Date: <u>09/02</u> Funding Amount: \$ <u>550,000</u> Indicate the break-down below: FY: <u>2</u> \$ Amt.: <u>\$275,000</u> FY: <u>3</u> \$ Amt.: <u>\$275,000</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. This program was applied for under the National Fire Plan and other than program area (Hazard Mitigation) There were no sideboards.
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 Firewise Communities Partnerships is a program designed to develop partnerships in land use planning as it relates to developing firesafe communities. Products are firewise zoning and planning and a statewide program manual for rural 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. This program is a new program in Minnesota.
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

 1st year \$275,000 % of total grant: 50 % Hard 40 % Soft 60 % Fund 100 Appropriation 300

 2nd year \$275,000 % of total grant: 50 % Hard 40 % Soft 60 % Fund 100 Appropriation 300

 3rd year \$ _____ % of total grant: _____ % Hard _____ % Soft _____ % Fund _____ Appropriation _____

 If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____
- b. What short and long term commitments is the state making by acceptance of this grant?
We will complete the terms of the grant agreement by the end of the granting period.
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. 25.5 %
- 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
8. How many positions are needed to carry out this program? _____ New 1.5 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.
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

Beggy A. Adelman

Accounting Coordinator's Signature

March 30, 2001

Date

Keith Bogut

Executive Budget Officer's Signature

4/2/01

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: Endangered Species, Section 6 Federal Catalog Number: 15.615 | 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 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>04/01/2001</u> End Date: <u>06/30/2003</u> Funding Amount: \$ <u>210,000</u> Indicate the break-down below: FY: <u>2001</u> \$ Amt: <u>60,000</u> FY: <u>2002</u> \$ Amt: <u>75,000</u> FY: <u>2003</u> \$ Amt: <u>75,000</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.

Full discretion by the State in grant subject and operation.

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.

Restoration of wild birds and mammals. Surveys, research and/or recovery efforts for endangered species. New site locations will be entered into Natural Heritage database, protection planning will incorporate findings, and reports will be submitted to the US Fish and Wildlife Service.

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 Department of Natural Resources has sole responsibility in the State for research and surveys related to endangered and candidate animals.

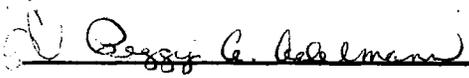
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | | | | | | | | |
|----------|----------|-----------------|------|------|-------|------|---------|------|-----|---------------|-----|
| 1st year | \$20,000 | of total grant: | 25 % | Hard | 100 % | Soft | _____ % | Fund | 100 | Appropriation | 200 |
| 2nd year | \$25,000 | of total grant: | 25 % | Hard | 100 % | Soft | _____ % | Fund | 100 | Appropriation | 200 |
| 3rd year | \$25,000 | of total grant: | 25 % | Hard | 100 % | Soft | _____ % | Fund | 100 | Appropriation | 200 |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____
- b. What short and long term commitments is the state making by acceptance of this grant?
The commitment is only to complete the work outlined in the individual grant. The State must establish and maintain an adequate and active program for the conservation of endangered and threatened species to be eligible for the grants.
6. Are indirect costs included in the proposal? Yes No.
- a. If indirect costs are not included in the proposal, indicate reason.
No salaries are paid with the federal money.
- 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 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.
- MN 84.085 (1.B)
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 30, 2001
Date


Executive Budget Officer's Signature

4/2/01
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: Interior Title of Project/Proposal: Pittman Robertson Amendment Federal Catalog Number: Funding – Hunter Education 15.611 | 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: 7/01/01 Date: none Funding Amount: \$ <u>577,240.00</u> <small>Indicate the break-down below:</small> FY: _____ 2002 Amt: \$187,240 FY: _____ 2003 Amt: \$190,000 FY: _____ 2004 Amt: \$200,000 FTE: _____ |

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.
 Funds must be used for Hunter Education or Shooting Ranges. US Fish and Wildlife Service must approve planned use of funds.

 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 funds dedicate federal funding to the special goals of furthering both hunter education and shooting range development. Products resulting from this work include advancing safe shooting activities, as well as improving archery ranges for those users of facilities.

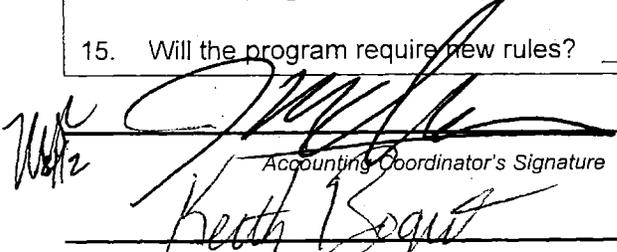
 3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.
 Division of Enforcement is currently slated to receive \$910,000 from LCMR – these cannot be used to match one another where LCMR funds will work with small clubs, federal reimbursements will be used to establish more public facilities and archery ranges.

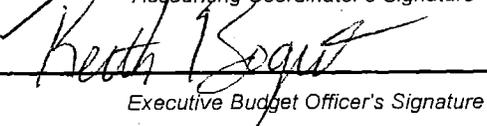
 4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.
- | | | | | | | | | | | | | | |
|----------|---------------------------|----|---|------|----|---|------|----|---|------|------|---------------|------|
| 1st year | \$62,413% of total grant: | 25 | % | Hard | 75 | % | Soft | 25 | % | Fund | many | Appropriation | many |
| 2nd year | \$63,333% of total grant: | 25 | % | Hard | 75 | % | Soft | 25 | % | Fund | many | Appropriation | many |
| 3rd year | \$40,000% of total grant: | 25 | % | Hard | 75 | % | Soft | 25 | % | Fund | many | Appropriation | many |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____
- b. What short and long term commitments is the state making by acceptance of this grant?
None that aren't in place already. We already maintain a firearm safety and hunter ed program spending \$1.46 million for activities included as eligible to earn federal reimbursements
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. 19.4%
- 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 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.
MSS 84.025
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


Executive Budget Officer's Signature

April 2, 2001
Date

4/2/01
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: Office of Environmental Assistance Title of Project/Proposal: MN Retired Engineer Technical Assistance Program (ReTAP) Demonstration Project 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): |
|--|--|

| | | |
|--|---|---|
| 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>7/1/01</u> End Date: <u>3/1/03</u> Funding Amount: \$ <u>50,000</u> Indicate the break-down below: FY: <u>02</u> \$ Amt.: <u>25,000</u> FY: <u>03</u> \$ Amt.: <u>25,000</u> FY: _____ \$ Amt.: _____ FTE: _____ |
|--|---|---|

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 Office of Environmental Assistance (OEA) exercised a high degree of discretion in preparing this application for federal assistance. Discretion areas include project selection and design, and project administration and staffing.

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 pilot project will test the merits of utilizing retirees to deliver waste and pollution prevention assistance to small and medium businesses. Through this project, OEA will determine if retirees are a potentially cost-effective mechanism for delivering waste and pollution prevention technical assistance to small and medium-sized businesses in the rapidly growing commercial/service sector. This sector is under-served by presently available environmental assistance programs. If awarded, we will provide a grant to a third party to operate this pilot program.

Project activities include recruiting and training retired engineers and other professionals to conduct pollution prevention assessments. The program will initially target assessments at 20-30 non-manufacturing commercial/service and institutional facilities in Minnesota.

A final project report will be prepared after the 2-year demonstration project. Actual and projected economic and environmental impacts resulting from the demonstration project will be used to assess future directions for establishing environmental policies and programs related to the non-manufacturing commercial/services sector.

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 demonstration is of special importance for states like Minnesota that support professional technical assistance programs (TAPs) such as the Minnesota Technical Assistance Program (MnTAP) – created in 1984 and located at the U of M. Minnesota's manufacturing community has been well served by MnTAP. The planned ReTAP project is to identify outreach and assistance strategies that will complement MnTAP activities. The ReTAP's target audience – commercial/services businesses – will complement MnTAP's manufacturing orientation.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. _____

| | | | | | | | | | | | |
|-------------|-------|-------------------|-------|--------|-------|--------|-------|------|-------|---------------|-------|
| 1st year \$ | 1,250 | % of total grant: | 5 | % Hard | 100 | % Soft | _____ | Fund | 330 | Appropriation | PPD |
| 2nd year \$ | 1,250 | % of total grant: | 5 | % Hard | 100 | % Soft | _____ | Fund | _____ | Appropriation | _____ |
| 3rd year \$ | N/A | % of total grant: | _____ | % Hard | _____ | % Soft | _____ | Fund | _____ | Appropriation | _____ |

If the grant runs longer than three years, include information for each additional year.

5. a. Does the grant contain a maintenance of effort requirement? No Yes
 If yes, please provide the base year _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____

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

The State of Minnesota is not making any short or long-term commitments by accepting this grant.

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

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

100% of Federal funds will be passed through by way of a contract with a qualified non-profit organization.

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.

Minn. Stat. 115A.06, Subd. 6

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

Mary Palmer

Accounting Coordinator's Signature

3/21/01

Date

Deb Bednarz

Executive Budget Officer's Signature

3/22/01

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: Pollution Control Agency Title of Project/Proposal: CLMP Expansion Federal Catalog Number: 66.460 | 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: 10/1/01 End Date: 3/31/03 Funding Amount: \$ 39,000 Indicate the break-down below: FY: 02 \$ Amt.: 20,000 FY: 03 \$ Amt.: 19,000 FY: _____ \$ Amt.: _____ FTE: .20 |
|--|---|--|

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 is high. In a competitive grant process, EPA provides the parameters of the competition and each proposal can reflect the needs and/or aims of the individual applicant.

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 grant is to expand the current program to include additional monitoring parameters and activities for priority lakes and watersheds in the state where there is currently no advanced monitoring program. The activities basically include monitoring to measure lake clarity.

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 funding to expand a current program. Coordination is needed only in identifying and adding the additional lakes to the data bases of current monitoring results.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. (at least at this point)

| | | | | | | |
|----------|----------|--------------------------|-------------|-------------|------------|---------------------|
| 1st year | \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |
| 2nd year | \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |
| 3rd year | \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |

If the grant runs longer than three years, include information for each additional year.

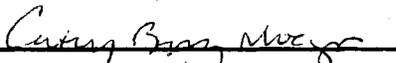
Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.

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

Short: To complete the project in 18 months.

Long: To include these new lake monitoring sites to the on-going list of sites to monitor in Minnesota as long as data is pertinent to the study.

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. 29.22 %
- 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 - No Match
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
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 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

4/3/01

Date


Executive Budget Officer's Signature

4/3/01

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: Pollution Control Agency Title of Project/Proposal: Lake Superior Coastal 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): |
|---|--|

| | | |
|--|---|--|
| 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>7/1/01</u> End Date: <u>12/31/02</u> Funding Amount: \$ <u>28,100</u> <small>Indicate the break-down below:</small> FY: <u>02</u> \$ Amt.: <u>20,000</u> FY: <u>03</u> \$ Amt.: <u>8,100</u> FY: _____ \$ Amt.: _____ FTE: <u>.30</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.

Discretion is high. In a competitive grant process, EPA provides the parameters of the competition and each proposal can reflect the needs and/or aims of the individual applicant.

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 specific objective of this project is to determine how the increasing development pressures are affecting North Shore streams. There will be Stream Monitoring, Raw Data Collection, and Preparation of a final report.

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 Pollution Control Agency has extensive water/flow monitoring in the state. However, this monitoring effort will expand the agency's ability to maintain vigilance over streams which empty into Lake Superior and will give the PCA a clearer picture of the impact development has on streams in general and on streams to Lake Superior.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. _____

| | | | | | | | | | | | |
|----------|------------------|-------------------|-----------|--------|------------|--------|------------|--------|------------|---------------|------------|
| 1st year | <u>21,000</u> | % of total grant: | <u>53</u> | % Hard | <u>100</u> | %Soft | <u>100</u> | %Fund | <u>100</u> | Appropriation | <u>W01</u> |
| 2nd year | <u>\$ 10,248</u> | % of total grant: | <u>53</u> | % Hard | <u>100</u> | % Soft | <u>100</u> | %Fund | <u>100</u> | Appropriation | <u>W01</u> |
| 3rd year | \$ _____ | % of total grant: | _____ | % Hard | _____ | % Soft | _____ | % Fund | _____ | Appropriation | _____ |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____.

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

Short: To complete the project in 18 months.

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: 29.22 %

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 .30 _____ 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.

MS 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

4/3/01

Date



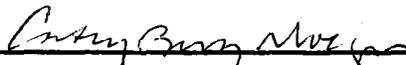
Executive Budget Officer's Signature

4/3/01

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 _____, the amount \$ _____ and account information
(fund/appropriation) _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The infrastructure created under this grant would have to be operated and maintained into the future.
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. 29.22 %
- 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 to 3 New 0 to 1 Existing
9. Will the award supply funding of present positions? Partial Full None Unknown, but unlikely
10. Will new positions be funded entirely by the grant award? Yes No Unknown, but possible.
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 Probably
- 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

4/3/01
Date


Executive Budget Officer's Signature

4/3/01
Date



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

Policy Note

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| | |
|--|--|
| Department Name: Pollution Control Agency Title of Project/Proposal: Air Outreach – Fuel Efficiency 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): |
|--|--|

| | | |
|--|---|--|
| 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>7/1/01</u> End Date: <u>6/30/02</u> Funding Amount: \$ <u>95,000</u> <small>Indicate the break-down below:</small> FY: <u>02</u> \$ Amt.: <u>95,000</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: <u>.25</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.

Discretion is high. In a competitive grant process, EPA provides the parameters of the competition (in this case, Mobile Source Outreach) and each proposal can reflect the needs and/or aims of the individual applicant.

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 specific objective of this project is to reduce transportation fuel consumption in Minnesota by encouraging the purchase and use of more fuel-efficient vehicles. Activities: Research and Planning, Message and Materials Development, Implementation, and Evaluation. Products: Reusable Displays, Radio Ads, and Printed Ads.

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 project is meant to compliment the MPCA's current Air Emission goals by promoting Fuel Efficient Vehicles. This is part of the MPCA's package of measures that will ensure future compliance with federal air quality standards.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. _____

| | | | | | | | | | | | |
|----------|----------|-------------------|---------|------|---|------|---------|------|-------|---------------|-------|
| 1st year | \$63,000 | % of total grant: | 40 % | Hard | % | Soft | 100 % | Fund | 330 | Appropriation | A01 |
| 2nd year | \$ _____ | % of total grant: | _____ % | Hard | % | Soft | _____ % | Fund | _____ | Appropriation | _____ |
| 3rd year | \$ _____ | % of total grant: | _____ % | Hard | % | Soft | _____ % | Fund | _____ | Appropriation | _____ |

If the grant runs longer than three years, include information for each additional year.

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 _____ the amount \$ _____ and account information
(fund/appropriation) _____

b. What short and long term commitments is the state making by acceptance of this grant?
Short: to complete the project in 12 months.
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. 29.22 %

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 NA

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 116.03

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

15. Will the program require new rules? Yes No

Cathy Ann Meyer

Accounting Coordinator's Signature

4/3/01

Date

Deborah L. Bidney

Executive Budget Officer's Signature

4/3/01

Date



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

Policy Note

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| | | |
|--|---|--|
| Department Name: MN ZOO Title of Project/Proposal: General Operating Support Federal Catalog Number: 45.301 | 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: 10-01-2001 End Date: 9-30-2003 Funding Amount: \$ 112,500 <small>Indicate the break-down below:</small> FY: 02 \$ Amt.: 112,500 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: 0 |

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 Zoo has wide discretion in expending the funds.

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 grant programs purpose is to provide supplemental funds for operating. Funds are intended to improve and strengthen Zoo operations. A report on the use of the funds is required at the end 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.

 Funds are to be used to increased general operations support.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | | |
|-------------------|--------------------------|-------------|-------------|------------|---------------|
| 1st year \$ 0 | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation |
| 2nd year \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation |
| 3rd year \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information
(fund/appropriation) _____ / _____.

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

No commitments outside of the grant requirements.

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

A detailed budget is not submitted until the grant is awarded. We will follow the indirect cost process if and when funds are awarded.

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

The Zoo does not currently have a federally approved indirect cost rate, we follow the DOF policy on IDC if grant funds are awarded. Currently our statewide indirect is 1.3% of our operating budget.

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 - match

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 NA-no new positions

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

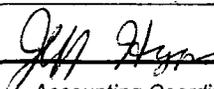
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
 Yes No NA

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

13. Legal authority to apply for and accept grant. 85.A

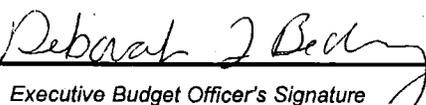
14. Will the program involve a change in existing rules? Yes No

15. Will the program require new rules? Yes No


Accounting Coordinator's Signature

4-2-01

Date


Executive Budget Officer's Signature

4-3-01

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: Northeast Minneapolis Community Vermiculite Investigation Federal Catalog Number: 93.161 | 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: 7/1/2001 End Date: 6/30/2003 Funding Amount: \$385,879 FTE: 4.0 <i>FY02 Amt 192,940</i> <i>FY 03 Amt 192,939</i> |

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 is a consultative relationship in preparation of the application. There is discretion in execution of the program, and in administration/staffing.

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 find people who were exposed to asbestos from vermiculite processing waste, and notify them of health risks and appropriate actions. There will also be health provider education, and assessment of need for further health studies and/or screening of exposed people. Reports are in the form of Health Consultations, Exposure Assessments, Fact sheets, peer reviewed Health Studies and other documents as needed.

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 will last for 2 years and will supplement an ongoing program of public health activities related to hazardous waste that exists in the Site Assessment and Consultation Unit of the Dept. of Health Division of Environmental Health. Some activities will be in collaboration with the Pollution Control Agency.

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 ___ |

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. 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 4.0

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.

MS 144.074

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

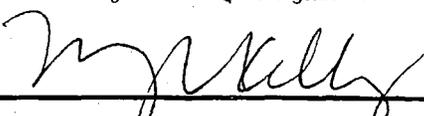
15. Will the program require new rules? Yes No



Accounting Coordinator's Signature

3-30-01

Date



Executive Budget Officer's Signature

4-4-01

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 short-term commitment involves assisting in the actual data collection, performing quality control and other statistical analysis, interpretation of results relevant to public health and local conditions, follow-up on elevated blood lead cases to ensure environmental intervention, and generation of reports and publications consistent with CDC expectations. Over the long-term, a positive result in the study may indicate a need to greatly expand the scope of the lead program to address the whole state. However, completion of the grant will not cause this expanded program responsibility; rather, it will only clarify its nature and extent. A negative result in the study will resolve uncertainty regarding lead prevalence and allow the program to focus more exclusively on heavily populated areas of the state.

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. 10 %

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

Maximum indirect rate allowed by CDC for lead program activities is 10%

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.

MN 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

3-30-01

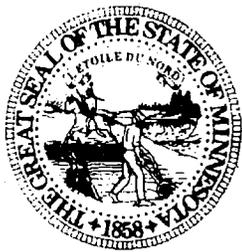
Date



Executive Budget Officer's Signature

4.4.01

Date



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: Health Title of Project/Proposal: Establishing a Pregnancy Risk Assessment Monitoring System (PRAMS) in Minnesota Federal Catalog Number: 93.283 | 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>4/1/01</u> End Date: <u>3/31/06</u> Funding Amount: \$ <u>175,000</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>43,750.00</u> FY: <u>02</u> \$ Amt.: <u>131,250.00</u> FY: <u>03</u> \$ Amt.: <u>175,000</u> FTE: <u>2</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.

PRAMS is part of a CDC initiative to reduce infant mortality and low birth weight in all states through ongoing funding of a survey system. CDC has a required set of questions to be addressed, but states may add supplemental questions to the survey. CDC recommends that two FTE support the project, but states have discretion in determination of type of staff and their clients.

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.

PRAMS will establish a new population-based data source for information on health status, health practices and experiences with the delivery system. This information will serve as a basis for informing policies and for evaluating programs. A sample of post-partum women provide information regarding experiences before, during and after childbearing. A report will be developed annually and its findings disseminated broadly to interested policy makers and program directors.

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 the major source of population-based data in the state is the birth and death certificate data (vital records). PRAMS will supplement this source by obtaining information several months after hospital discharge and cover a longer time span than the birth certificate data, and will obtain information directly from mothers rather than health workers. PRAMS and vital records systems will be administered by the same program unit to assure coordination.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | | |
|----------------------|--------------------------------|-------------------|-------------------|-----------------|--------------------------|
| 1st year \$ <u>0</u> | % of total grant: <u> </u> % | Hard <u> </u> % | Soft <u> </u> % | Fund <u> </u> | Appropriation <u> </u> |
| 2nd year \$ <u>0</u> | % of total grant: <u> </u> % | Hard <u> </u> % | Soft <u> </u> % | Fund <u> </u> | Appropriation <u> </u> |
| 3rd year \$ <u>0</u> | % of total grant: <u> </u> % | Hard <u> </u> % | Soft <u> </u> % | Fund <u> </u> | Appropriation <u> </u> |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
There is an expectation that PRAMS will be ongoing, however, the state may withdraw at any 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. 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.
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

Mark Bergquist

Accounting Coordinator's Signature

3-30-01

Date

My Kelly

Executive Budget Officer's Signature

4-4-01

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: Improving Women's Health in Minnesota Through Expanded Maternal and Child Health Program Capacity Federal Catalog Number: 93.110AK | 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>07/01/01</u> End Date: <u>06/30/04</u> Funding Amount: <u>\$100,000/yr</u> Indicate the break-down below: FY: <u>02</u> \$ Amt.: <u>100,000</u> FY: <u>03</u> \$ Amt.: <u>100,000</u> FY: <u>04</u> \$ Amt.: <u>100,000</u> FTE: <u>1.0</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.

Federal requirements specify the purposes for which funds may be used in State Title V Maternal and Child Health Programs. The state prepared the grant work plan to meet its identified needs.

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 achieve optimal health and well-being of Minnesota women in childbearing /reproductive years and beyond by strengthening capacity and support infrastructure in Title V Maternal Child Health (MCH) programs to expand women's health activities beyond pregnancy issues. This project will focus on creation and sustaining of an integrated, coordinated model system of care targeting women of greatest needs including women of color, American Indian women, and immigrant and refugee women.

Objectives: 1. Establish and maintain a broad-based group of Collaborative Partners. 2. Complete an assessment of existing systems, services, and resources in Minnesota and analyze the coordination and integration which exists between systems to identify gaps and/or barriers for women in the target population and develop a report of recommended action steps. 3. Develop evidence-based best practices for an integrated coordinated system of care. 4. Promote best practices to strengthen capacity and infrastructure within local public health Title V MCH programs with particular attention to the needs of women of color, American Indian women and immigrant women.

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 currently is no Women's Health Program in the Department of Health. The project will provide a short term staff capacity for a women's health program focus. This will enhance the activities of the current Women's Health Team, all members of which have primary responsibilities other than women's health.

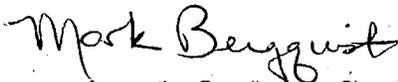
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

1st year \$0 % of total grant: ___% Hard ___% Soft ___% Fund ___ Appropriation
 2nd year \$0 % of total grant: ___% Hard ___% Soft ___% Fund ___ Appropriation
 3rd year \$0 % of total grant: ___% Hard ___% Soft ___% Fund ___ Appropriation

If the grant runs longer than three years, include information for each additional year.

Reminder: If filling this out electronically, make sure you are in Atypeover@ mode and not Ainsert@ mode.

5. a. Does the grant contain a maintenance of effort requirement? No. Yes. If yes, please provide the base year _____, the amount \$ _____ and account information (fund/appropriation) _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- During the three years of this project, the state is expected to adhere to federal requirements and the deliverables of its 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. 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? 1.0 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

3-30-01

Date


Executive Budget Officer's Signature

4-4-01

Date



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| | |
|---|--|
| Department Name: Health Title of Project/Proposal: Development of a State Genetics Plan for Minnesota Federal Catalog Number: 93.110A | 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>06/01/2001</u> End Date: <u>05/31/2003</u> Funding Amount: <u>\$75,000/yr.</u> Indicate the break-down below: FY: <u>02</u> \$ Amt.: <u>75,000</u> FY: <u>03</u> \$ Amt.: <u>75,000</u> FY: <u>04</u> \$ Amt.: <u>0</u> FTE: <u>1.0</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.

 Federal requirements specify the purposes for which funds may be used. The state prepared the grant work plan to meet its identified needs.

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 develop a State Genetics Plan for implementation of the expanding newborn metabolic screening program. The project will be guided by a broad-based group of stakeholders. It will complete an assessment of needs for program improvement, recommend how to better integrate the newborn screening program with other early identification and early intervention programs, and explore tracking systems integration.

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 project will enhance the current newborn metabolic screening program, a program unique to the MDH within Minnesota. The project will be administered in the Family Health Division, where responsibility for tracking of children with confirmed positive tests is located.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

 1st year \$ 0 % of total grant: % Hard % Soft % Fund Appropriation
 2nd year \$ 0 % of total grant: % Hard % Soft % Fund Appropriation
 3rd year \$ % of total grant: % Hard % Soft % Fund Appropriation

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____.

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

During the two years of this project, the state is expected to adhere to federal requirements and the deliverables of its grant application. There is an expectation that after the grant, the state will continue implementation of recommendations of the project, using existing resources.

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? 1.0 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

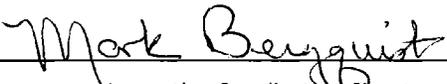
b. If yes, has provision been made to provide the necessary funding? Yes No

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

| | | | |
|---|--|--|---------|
|  | | | 3-30-01 |
| Accounting Coordinator's Signature | | | Date |
|  | | | 4-4-01 |
| Executive Budget Officer's Signature | | | Date |



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| | | |
|--|---|---|
| Department Name: Health Title of Project/Proposal: Expanded Community-Based Abstinence Education in Minnesota Federal Catalog Number: 93.110 NO | 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>7/01/01</u> End Date: <u>6/30/04</u> Funding Amount: \$ <u>1,000,000</u> yr Indicate the break-down below: FY: <u>02</u> \$ Amt.: <u>1,000,000</u> FY: <u>03</u> \$ Amt.: <u>1,000,000</u> FY: <u>04</u> \$ Amt.: <u>1,000,000</u> FTE: <u>1.6</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.

Federal requirements specify the purposes for which funds may be used. The state has discretion relative to allocation of funds for community projects, media and technical 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.

The purpose is to reduce adolescent pregnancy, particularly in groups with the highest teen birth rates. Community grantees will promote a community abstinence standard for youth and provide education to help youth develop knowledge and refusal skills. A media/public relations activity directed to parents/caregivers promotes communications with youth. Technical support and evaluation activities are also provided. Reports will be prepared by grantees and the evaluation contractor.

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 project will expand abstinence activities of the Department which currently include 14 federally funded Abstinence Education local projects and 28 state funded MN ENABL (Education Now and Babies Later) local projects. All three funding sources will be administered in the same organizational unit and closely integrated.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

1st year \$ 0 % of total grant: % Hard % Soft % Fund Appropriation
 2nd year \$ 0 % of total grant: % Hard % Soft % Fund Appropriation
 3rd year \$ 0 % of total grant: % Hard % Soft % Fund Appropriation

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____.

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

During the three years of this project, the state is expected to adhere to federal requirements and the deliverables of its 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. 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? 1.5 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.

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

Mark Bergquist
Accounting Coordinator's Signature

3-30-01

Date

My Kelly
Executive Budget Officer's Signature

4.04.01

Date



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

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| | |
|--|---|
| Department Name: Health Title of Project/Proposal: State Nutrition and Physical Activity Programs to Prevent Obesity and Related Chronic Diseases: Minnesota American Indian Obesity Prevention Partnership Federal Catalog Number: (fed cat # not yet assigned) | 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>7/1/01</u> End Date: <u>6/30/04</u> Funding Amount: \$ _____ Indicate the break-down below: FY: <u>02</u> \$ Amt.: <u>\$298,460</u> FY: <u>03</u> \$ Amt.: <u>\$307,414</u> FY: <u>04</u> \$ Amt.: <u>\$316,637</u> FTE: <u>2.5</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 request for application required a proposal to prevent obesity in a population group most at risk for obesity and resultant chronic diseases. In Minnesota the population most at risk and with the greatest disparity appears to be Americans. The grant would require: 1) establishing an infrastructure to prevent obesity, 2) development of a state plan, 3) identification of data sources needed to develop, carry out, and evaluate the obesity prevention plan, 4) development of a state plan to prevent obesity through nutrition and physical activity in the at-risk population, 5) provision of technical assistance, and 6) development and implementation of a pilot intervention in the at-risk population.

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 Minnesota Department of Health proposes to work closely with the American Indian communities in Minnesota and experts from the University of Minnesota to identify the behavioral and environmental determinants of physical activity, healthy eating, physical inactivity, and poor eating for the American Indian population. We will work together to develop policy and environmental strategies to reduce prevalence of those determinants that lead to obesity. An intervention will be designed jointly with the American Indian community and piloted for feasibility and effectiveness. In first year of this three-year grant we will conduct an assessment to identify existing efforts in obesity and related chronic disease prevention and control and identify gaps and opportunities for prevention of obesity. In the second year we will complete the assessment of current efforts and conduct interviews and focus groups with the American Indian population on potential strategies for change. Through a planning development process with the American Indian

community we will develop and test a pilot intervention. In year three we will complete the intervention and collect evaluation data on the program to assess program effectiveness. Results from the intervention will be incorporated into a finalized state plan for obesity prevention. The plan will be used for further program development and recommendations for environmental change that will help prevent further increases in the prevalence of obesity in American Indian and other community populations.

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 currently works with the American Indian Community in support of the Work Out Low Fat (WOLF) program. This is a school-based curriculum designed for young American Indian children to encourage a healthy diet and increased levels of physical activity in order to prevent diabetes. The Obesity grant would be complementary to the WOLF program, focusing on the population as a whole.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. No match required.

| | | | | | |
|-------------------|---------------------------|--------------|--------------|------------|---------------------|
| 1st year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |
| 2nd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |
| 3rd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____.

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

The commitment over the next three years would be to conduct strategic planning activities to develop a state plan to prevent obesity in American Indians in Minnesota through nutrition and physical activity interventions, to identify data sources needed to conduct and evaluate a planned intervention, to work together with the American Indian community to develop and implement a pilot intervention and evaluate progress and impact. Long term, we would seek continued funding from the Centers for Disease Control, should the program appear successful, to expand to other communities at high risk for obesity.

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 (There is no match requirement.)

8. How many positions are needed to carry out this program? 2.5 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.
Statute 144.074
- 14. Will the program involve a change in existing rules? Yes No
- 15. Will the program require new rules? Yes No

Mark Berg
Accounting Coordinator's Signature

4/2/01
Date

[Signature]
Executive Budget Officer's Signature

4.4.01
Date

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.

In summary, this cooperative agreement will allow Minnesota to:

(a) Describe and define, on a population basis, the longer term public health impacts, outcomes, and secondary conditions associated with hospitalized TBI, specifically impairments, disabilities, and handicaps, and evaluate the population-based follow-up data collected;

(b) Examine and evaluate the quality of ED data for TBI surveillance; and

(c) Develop and pilot methods to assess outcomes among persons treated for TBI in hospital emergency departments who are subsequently not hospitalized.

The activities which will occur include chart reviews at acute care hospitals in Minnesota, travel to hospitals to abstract data, conducting meetings with neighboring states (and the CDC) regarding transfer of data, and data analysis. Products to be produced will include reports of analyses and evaluation findings; it is possible that state and national presentations will be requested.

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 propose program will be coordinated with existing programs.

The current traumatic brain and spinal cord injury registry (TBI/SCI) does not fund an evaluation component. This cooperative agreement will fund an evaluation of the data collected by the follow-up Registry; the grant will also allow for an enhancement of the Registry by examining outcome post-TBI; and by encouraging timely reporting of data to the Registry. Finally, this cooperative agreement will explore the utility of emergency department-based data for describing the epidemiology of non-hospitalized traumatic brain injury, and will explore initial methods to assess outcome of ED-treated TBI. There is an emphasis on follow-up and rehabilitation of persons with TBI at both the Departments of Human Services and Economic Security. Neither of these programs are involved with data evaluation or with an enhancement of the Registry processes. Representatives from these agencies serve on the MDH Registry Advisory Committee, and so will be kept apprized of progress on this grant in regular communication with Registry Committee members.

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 include agreement to complete the goals and objectives utilizing the funding of the cooperative agreement and the skills of project staff to carry out the follow-up registry. No specific long-term commitments are being made.
- 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 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
Through the indirect and fringe benefits rates applied to this grant.
- 13. Legal authority to apply for and accept grant.

MS 144.697, Subdivision 2, and 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

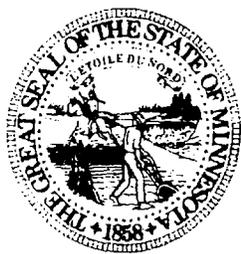
4/2/01

Date



4.4.01

Date



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| | |
|---|---|
| Department Name: Health Title of Project/Proposal: Epidemiology and Laboratory Capacity for Infectious Diseases (Program Announcement 01022) Federal Catalog Number: 93.283 | 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>04/01/2001</u> End Date: <u>03/31/2002</u> Funding Amount: \$ <u>\$451,278.00</u> Indicate the break-down below: FY: <u>2001</u> \$ Amt.: <u>\$ 451,278.00</u> FY: <u>2002</u> \$ Amt.: <u>451,278.00</u> FY: <u>2003</u> \$ Amt.: <u>451,278.00</u> FTE: <u>5.0</u> | |
| <ol style="list-style-type: none"> 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. Much discretion was allowed. There were six suggested areas of national significance that were highlighted but we were not required nor limited to these six areas. 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 improve collaboration between epidemiology and the laboratory in the area of infectious diseases and to provide infrastructure in areas where gaps have been identified. We will improve surveillance for West Nile virus, hepatitis C, and foodborne disease. 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. Activities will be coordinated with and complement existing epidemiology and laboratory programs. Positions will supplement existing federally-funded and state funded positions. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. <u>Not required.</u> 1st year \$ _____ % of total grant: _____ % Hard _____ % Soft _____ % Fund _____ Appropriation 2nd year \$ _____ % of total grant: _____ % Hard _____ % Soft _____ % Fund _____ Appropriation 3rd year \$ _____ % of total grant: _____ % Hard _____ % Soft _____ % Fund _____ Appropriation If the grant runs longer than three years, include information for each additional year. | |

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 _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____.

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? 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.

ms 144:074

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

15. Will the program require new rules? Yes No

Mark Bergquist
Accounting Coordinator's Signature

3-30-01

..Date

M. Kelly
Executive Budget Officer's Signature

4-4-01

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: Traumatic Occupational Injury Research: Science for Prevention Federal Catalog Number: OH-01-005 93.262 | 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>10/1/01</u> End Date: <u>9/30/05</u> Funding Amount: <u>\$1,065,306</u> FY:02 \$ Amt.: <u>\$250,026</u> FTE: <u>1.60</u> FY:03 \$ Amt.: <u>\$282,037</u> FTE: <u>2.55</u> FY:04 \$ Amt.: <u>\$283,234</u> FTE: <u>2.80</u> FY:05 \$ Amt.: <u>\$250,009</u> FTE: <u>2.30</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 MDH has complete latitude to develop and implement this federal grant initiative. This grant was developed in cooperation with Minnesota metal working and machine trades.
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 federally funded grant activity will establish an industry-based advisory board and provide technical assistance with regard to health and safety to the state's metal working and machine industries. The MDH will work with industry to develop better ways to protect workers from machine-related hazards. Industry training will be based on the concept of peer educators (i.e., the MDH will provide training through experienced co-workers in the metal and machine trades). This is a unique opportunity to help prevent common but serious amputation injuries in cooperation with the business community.
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. At this time, there are no existing programs similar to this proposed initiative. MDH and the University staff are uniquely qualified to develop and implement the proposed program.
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

| | | | | | |
|-------------------|---------------------------|--------------|--------------|------------|---------------------|
| 1st year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |
| 2nd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |
| 3rd year \$ _____ | % of total grant: _____ % | Hard _____ % | Soft _____ % | Fund _____ | Appropriation _____ |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____.

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? 1.6 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. MS § 144.0742

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

15. Will the program require new rules? Yes No

Mark Bennett

Accounting Coordinator's Signature

4/2/01

Date

Myrtille

Executive Budget Officer's Signature

4-4-01

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: Identifying and Overcoming Barriers to Nutrition and Health Federal Catalog Number: P.L. 106-378 | 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>11/01</u> End Date: <u>10/04</u> Funding Amount: \$ <u>400,000 (total)</u> Indicate the break-down below: FY: <u>02</u> \$ Amt.: <u>90,000</u> FY: <u>03</u> \$ Amt.: <u>140,000</u> FY: <u>04</u> \$ Amt.: <u>140,000</u> FTE: <u>1.5</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.
 We have the discretion of choosing among 5 priority areas for our proposal development. Our proposal will address parts of several of these areas.

 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 grant will examine determinants of food choices that most impact overall diet quality in populations at highest risk, design and evaluate interventions that will promote improved diet quality in ways that are acceptable and effective. These best practices will be disseminated through community programs.

 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 project will work with existing state and university programs to provide science-based information about effective interventions that can be disseminated and implemented through existing infrastructures to increase their effectiveness in achieving their goals.

 4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.
- | | | | | | | |
|----------|----------|--------------------------|-------------|-------------|------------|---------------------|
| 1st year | \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |
| 2nd year | \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |
| 3rd year | \$ _____ | % of total grant: _____% | Hard _____% | Soft _____% | Fund _____ | Appropriation _____ |
- If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____ / _____.
- b. What short and long term commitments is the state making by acceptance of this grant?

Short term commitment would be to achieving the outcomes of the proposal. There are no long term commitments.

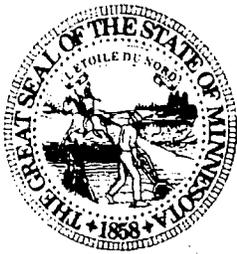
6. Are indirect costs included in the proposal? Yes No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %
- c. If rate charged is different than agency's approved rate, indicate reason. 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? 1.5 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.
MS 144.697, Subdivision 2; and 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

4-3-01
Date


Executive Budget Officer's Signature

4-5-01
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: Administration Developmental Disabilities Council Title of Project/Proposal: New Voices: Honoring Cultures & Promoting New Voices for Family Support Federal Catalog Number: 93-631 | Type of Grant: Federal <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 checked="" type="checkbox"/> Application (Continuation) <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>8/1/01</u> End Date: <u>8/1/02</u> Funding Amount: \$ <u>150,000</u> estimated <small>Indicate the break-down below:</small> FY: <u>2002</u> \$ Amt.: \$150,000 FY: _____ \$ Amt.: _____ 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.

In FFY 1999, funds were available under the Projects of National Significance (PNS) for family support model demonstration projects. These PNS grants are funded under the Developmental Disabilities Assistance and Bill of Rights Act (P.L. 106-402) (DD Act), which also provides an annual allocation to the Council. The Council successfully competed for first year funds.

We anticipate that an anticipated \$150,000 will be available for continuation grants. The Council will apply for continuation funds.

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 are intended to promote systems change activities in the area of family support, developing or expanding a family-centered and family-directed, culturally competent, comprehensive statewide system of family support for children with developmental disabilities and their families.

Minnesota has played a leadership role in developing family support programs. However, families in diverse racial and ethnic communities have frequently been excluded from these programs. They are less likely to use or benefit from the present developmental disabilities service delivery system, and their contact with service providers and other agencies differs significantly from that of majority middle class families.

The purpose of this grant is to identify emerging leaders from the African American, Native American, and Hispanic communities; promote them to positions on relevant interagency committees where they can bring a culturally diverse

perspective to the discussion tables; and assist them in transferring their knowledge and experiences to leadership roles in generic organizations and 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 Council will work together with the Governor's Office, utilize the open appointments process, and that office in identifying candidates for vacant positions on boards, commissions, and task forces that are presently missing minority representation.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. _____

| | | | | | | | | | | | |
|----------|----------|-------------------|-----|--------|-----|--------|-----|--------|-----|---------------|-----|
| 1st year | \$49,995 | % of total grant: | 33 | % Hard | ___ | % Soft | 33 | % Fund | ___ | Appropriation | ___ |
| 2nd year | \$ | % of total grant: | ___ | % Hard | ___ | % Soft | ___ | % Fund | ___ | Appropriation | ___ |
| 3rd year | \$ | % of total grant: | ___ | % Hard | ___ | % Soft | ___ | % Fund | ___ | Appropriation | ___ |

If the grant runs longer than three years, include information for each additional year.

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 _____, the amount \$ _____ and account information (fund/appropriation) _____.
- 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. 1.5%
- 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
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

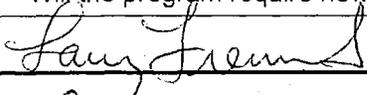
b. If yes, has provision been made to provide the necessary funding? Yes No

13. Legal authority to apply for and accept grant.

Minn. Stat. 4.07

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

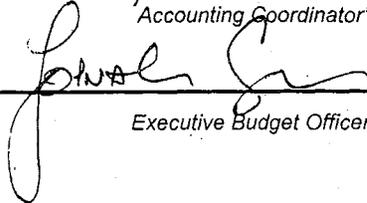
15. Will the program require new rules? Yes No



Accounting Coordinator's Signature

3/22/01

Date



Executive Budget Officer's Signature

3/27/01

Date



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: | Minnesota Department of Transportation, Office of Electronic Communications | Type of Grant: |
| Title of Project/Proposal: | Community Oriented Policing Services (COPS) Technology Initiative Grant | <input checked="" type="checkbox"/> New |
| Federal Catalog Number: | 16.710 | <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>1-1-01</u> End Date: <u>6-30-03</u> Funding Amount: \$ <u>997,800.00</u> Indicate the break-down below: FY: <u>2002</u> \$ Amt.: <u>220,000.00</u> FY: <u>2003</u> \$ Amt.: <u>777,800.00</u> FY: _____ \$ Amt.: _____ FTE: <u>none</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. Mn/DOT was not involved in the preparation of the grant 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. The grant money will be used to develop public safety radio communications in Olmsted County, Minnesota. This is the first phase of developing a region-wide communication system in southeast Minnesota that could eventually be expanded to include the entire state. The money requested in this grant would be used to purchase the following:

| ITEM | PER UNIT COST | EXTENDED COST |
|--|---------------|---------------|
| 4 parcels of land | \$ 25,000 | \$100,000 |
| 4 site development costs (power, etc.) | \$ 10,000 | \$ 40,000 |
| 4 guyed communication towers 300 ft. | \$110,000 | \$440,000 |
| 4 concrete shelters | \$ 50,000 | \$200,000 |
| 4 generators 50kw | \$ 35,000 | \$140,000 |
| Consultant fees & contingency | N/A | \$ 77,800 |
| TOTAL | | \$997,800 |

Note: All costs above are complete turnkey pricing.

A detail design for the construction of tower sites and the radio system will be developed by Mn/DOT's, Office of Electronic Communications (OEC)

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 project is the 1st phase of a proposed region-wide radio system that is part of a statewide shared public safety radio system. This project is modeled after, and is compatible to the Metropolitan 800MHz radio system.

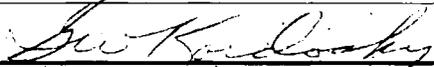
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

| | | | | |
|----------|-----|------------------------------------|--------------|--------------|
| 1st year | \$0 | Percentage of total grant: _____ % | Hard _____ % | Soft _____ % |
| 2nd year | \$0 | Percentage of total grant: _____ % | Hard _____ % | Soft _____ % |
| 3rd year | \$0 | Percentage of total grant: _____ % | Hard _____ % | Soft _____ % |

Check here if no match is required. XX

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 2004 and the amount \$ 2000.00
- b. What short and long term commitments is the state making by acceptance of this grant? Short Term: Design, purchase and implement 4 communication towers in Olmsted County. Long Term: On going maintenance of towers and land. Acceptance of this grant does not commit the state to any long term project.
6. Are indirect costs included in the proposal? Yes No
- a. If indirect costs are not included in the proposal, indicate reason. This program is not eligible for indirect 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? _____ New 7 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
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

4/2/01

Date



Executive Budget Officer's Signature

4/5/01

Date