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**State of Minnesota
Department of Finance**

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

DEPARTMENT: of Finance

DATE: February 1, 2000

TO: Senator Keith Langseth, Chair
Senate Education Finance Committee

Senator Linda Berglin, Chair
Senate Human Resources Finance Committee

Senator Richard Cohen, Chair
Senate State Government Finance Committee

Representative Dave Bishop, Chair
House Ways and Means Committee

FROM: Pamela Wheelock
Commissioner

PHONE: 297-7881

SUBJECT: Additional Federal Funds -- Transmittal #1

RECEIVED

MAR 15 2000

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This is to advise you and your colleagues that we will follow the same procedures used in previous biennia for transmitting any changes to the Governor's budget.

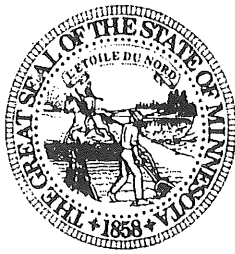
Only changes submitted under my signature should be considered as official changes in the Governor's budget. This procedure is necessary to ensure control over the general fund balance, as well as eliminate confusion regarding the Governor's recommendations.

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 \$12,184,100 for FY 2000 and \$26,300,000 for FY 2001.

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

Agency / Grant Title	\$ in Thousands (\$000)	
	FY00	FY01
Education, Children and Families		
Children, Families & Learning		
1. Even Start Family Literacy State Initiative Grant	0.0	245.8
2. Low-income Home Energy Assistance Program (LIHEAP)	3,080.1	0.0
3. Comprehensive School Reform Demonstration Program	900.0	0.0
4. Public Charter Schools	1,646.7	1,906.7
5. Reading Excellence Act	0.0	15,000.0
Health and Human Services		
Department of Human Services		
1. Independent Living Services	200.0	1,200.0
Department of Health		
1. CDC Racial and Ethnic Approach to Community Health	0.0	64.6
2. State Rural Hospital Flexibility Grant Program	0.0	350.1
3. Center for Excellence in Health Statistics	266.3	355.0
4. Developing a Public Health Approach to Asthma in Minnesota	150.0	200.0
5. Surveillance and Evaluation of Serious Work-Related Trauma	175.5	234.1
6. MN Multi-partner Regional Conference for Prevention of Youth Alcohol Use	9.0	41.0
7. Grand Portage / Fond du Lac Fish Consumption Advice	0.0	24.2
Environment and Natural Resources		
Pollution Control Agency		
1. Air Toxic Inventory - Great Lakes Commission	0.0	17.4
2. Leaking Underground Storage Tank Program Special Project	0.0	10.0
3. Pilot Project in PrintSTEP	0.0	75.0
4. Clean Air Act Small Business Assistance Sec. 507	0.0	46.8
5. TMDL Studies of Whitewater River & Rabbit River	0.0	21.5
6. Underground Storage Tank Program Special Project Cooperative Agreement	0.0	7.3
7. Performance Partnership Grant (PPG)	639.0	701.9
8. MEI Brownfield Grant	15.0	25.0
9. Advancing Wetland Biocriteria	0.0	185.0
10. Development of a Multimedia Database for the St. Louis River Area of Concern	0.0	100.0
11. Feasibility Study of Sediment Remediation Alternatives for Slip C (Duluth)	0.0	46.9
12. Feasibility Study of Sediment Remediation Alternatives for 21st Avenue Area (Duluth)	0.0	46.9
13. Natural Resource Inventory and Smart Growth Initiative	0.0	100.0
14. Lake Superior Commitments	0.0	100.0
Department of Natural Resources		
1. Endangered Species Research - USFWS	0.0	75.0
2. Statewide Management Plan for Prevention and Control of Nonindigenous Aquatic Nuisance Species	0.0	50.0
3. USGS Geological Analysis Program (GAP)	0.0	76.0
4. Lake Superior Coastal Program	52.0	127.0
5. Land and Water Conservation Fund	349.8	349.8
6. National Dam Safety Program	5.0	58.0
7. Flood Mitigation Assistance Program (FMA)	136.4	136.4
Board of Animal Health		
1. National Pseudorabies Surveillance Program	382.8	0.0
2. National Accelerated Pseudorabies Eradication Program	108.0	0.0

Agency / Grant Title	\$ in Thousands (\$000)	
	FY00	FY01
Department of Agriculture		
1. Training Local Farmer / Farm Service Teams to be Whole Farm Planning Trainers	0.0	68.7
2. Sustaining MN Communities through Local Meat Production & Marketing	0.0	25.0
3. Minnesota Small Hive Beetle Survey 2000	5.0	0.0
4. Integrated Pest Management	12.0	16.0
5. Integration of Biorational Strategies for Managing Lepidopteran Pests of Minnesota Apples	0.0	43.2
6. Agriculture & Rural Water Management: On-Farm Demonstrations	0.0	90.0
Economic Development		
Housing Finance Agency		
1. Preservation of Federally-subsidized Housing	500.0	200.0
State Government		
Veterans Affairs		
1. State Veterans Cemetery - 2000	0.0	1,250.0
Office of Strategic and Long Range Planning		
1. State Justice Statistics Program	50.0	0.0
Transportation		
Department of Transportation		
1. Corridor Planning Study - Highway 53 (Virginia to International Falls)	0.0	200.0
2. Intelligent Vehicle Initiative (IVI) - Field Operational Test Program	0.0	100.0
3. Minnesota Value Pricing Study	0.0	295.0
4. Corrugated Polyethylene Pipe Study	100.0	190.0
5. Twin Cities - Transitways Project	1,600.0	800.0
6. Greater MN Transit Authorities	100.0	200.0
Department of Public Safety		
1. Traffic Safety - Crash Outcome Data Evaluation Systems CODES - NHTSA 20.600	0.0	72.9
2. Child Passenger Protection Grants - NHTSA 20.602	200.0	200.0
3. Safety Incentive Grants for Use of Seat Belts - NHTSA 20.604	365.2	365.2
Criminal Justice		
Department of Public Safety		
1. Emergency Management Flood Mitigation Assistance Program - FEMA 83.536	122.9	0.0
2. Criminal Apprehension DWI Drug Equipment Enhancement - NHTSA 402C Highway Safety Project	140.0	0.0
3. Juvenile Sex Offender Registration - JJAC Juvenile Accountability Incentive Block Grant	146.4	84.5
MN Center for Crime Victim Services		
1. Rural Domestic Violence and Child Victimization Enforcement 16.582	727.0	22.1
MN Department of Corrections		
1. 1999 Open Solicitation (BJA) Innovation in Offender Supervision and Re-entry	0.0	100.0
TOTAL	\$12,184.1	\$26,300.0



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Policy Note

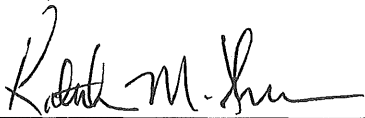
Notice of Application for
Federal Grant Assistance

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: Children, Families & Learning Title of Project/Proposal: Even Start Family Literacy State Initiative Grant Federal Catalog Number: 84.314B		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: 1-2000 End Date: 12-2001 Funding Amount: \$ 503,870.00 Indicate the break-down below: FY: 2001 \$ Amt.: \$245,810 FY: 2002 \$ Amt.: 258,060 FY: _____ \$ Amt.: _____ FTE: 2 Existing																								
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. This agency was allowed discretion in designing a plan so long as it met the purposes of Even Start and the specific Goals of this State Initiative grant. It also was designed to meet the needs for developing family literacy in our State for both Even Start and non-Even Start funded family literacy programs.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The purpose of this grant is to strengthen and expand Family Literacy services by coordinating and integrating existing literacy resources at the federal, state and local levels.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. This program is unique in that it provides funding at the State level to build capacity, quality and infrastructure in Family Literacy programming. The program coordination with existing programs is assured through the consortium developed as part of the proposal within Children, Families & Learning and beyond this agency.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. Match will be met through existing appropriations.</p> <table><tr><td>1st year</td><td>\$ 292,836</td><td>Percentage of total grant:</td><td>100 %</td><td>Hard</td><td>80 %</td><td>Soft</td><td>20 %</td></tr><tr><td>2nd year</td><td>\$ 313,200</td><td>Percentage of total grant:</td><td>100 %</td><td>Hard</td><td>70 %</td><td>Soft</td><td>30 %</td></tr><tr><td>3rd year</td><td>\$ _____</td><td>Percentage of total grant:</td><td>_____ %</td><td>Hard</td><td>_____ %</td><td>Soft</td><td>_____ %</td></tr></table> <p>Check here if no match is required. _____</p>			1st year	\$ 292,836	Percentage of total grant:	100 %	Hard	80 %	Soft	20 %	2nd year	\$ 313,200	Percentage of total grant:	100 %	Hard	70 %	Soft	30 %	3rd year	\$ _____	Percentage of total grant:	_____ %	Hard	_____ %	Soft	_____ %
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3rd year	\$ _____	Percentage of total grant:	_____ %	Hard	_____ %	Soft	_____ %																			

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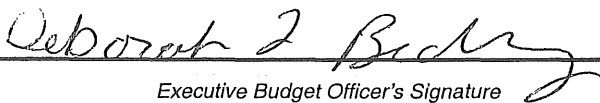
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long term commitments is the state making by acceptance of this grant?
In the short term, the State is committed to carry out the plan articulated in the grant. This includes providing staff, staff development for providers, setting up networks, setting up technology and publication of written materials.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
The federal grant application did not permit indirect costs. The federal grant application forms specifically state "Grantees may not use these grant funds for indirect costs, either as a direct charge or as part of the matching requirement".
- 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 ☐ 2 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No N/A
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☐ No This grant neither increases nor decreases the chance of employment since existing staff are being used. We anticipate their continued employment at the end of the grant.
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S.4.07, Subd. 1, M.S. 121.163
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



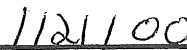
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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

This request is in the following state:	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?	This award/proposal:
<input type="checkbox"/> Pre-Application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Start Date: <u>8/4/99</u> End Date: <u>9/30/99</u>
<input type="checkbox"/> Application	If yes, state the page and current budget volume for reference.	Funding Amount: \$ <u>3,080,093</u>
<input type="checkbox"/> Negotiation	Original amount approved in FY2000-'01 Biennial budget, page A74, A418	Indicate the break-down below:
<input checked="" type="checkbox"/> Awarded		FY: <u>2000</u> \$ Amt.: <u>3,080,093</u>
		FY: <u> </u> \$ Amt.: <u> </u>
		FY: <u> </u> \$ Amt.: <u> </u>
		FTE: <u>0</u>

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

There was no preparation or application process. Funds were awarded by allocation.

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

It was an emergency allocation to supplement the LIHEAP activities, including paying energy costs for summer cooling. The state is required to expend funds according to Minnesota State Plan developed in August 1998.

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

The award is a supplement to the existing CFL LIHEAP program. It follows the existing FY1999-2000 LIHEAP state plan.

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

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

Check here if no match is required. ☒ x

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 11.7 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New _____ Existing N/A
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No N/A
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No

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

This grant neither increases nor decreases the chances of unemployment since existing employees are being used. We anticipate the employment of existing staff at the conclusion of the grant.

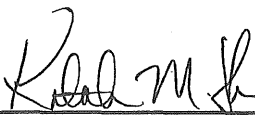
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No

13. Legal authority to apply for and accept grant.

M.S. 4.07, subd. 1; M.S. 121.163

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

15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

1/14/00

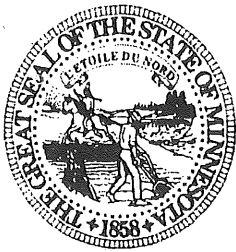
Date



Executive Budget Officer's Signature

1/19/00

Date



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Department Name: Children, Families & Learning	Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): Substantial increase of annual funding level
Title of Project/Proposal: Comprehensive School Reform Demonstration Program	
Federal Catalog Number: 84.332	

This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference. Original amount approved under Supplemental Budget Change Order #5 dated March 31, 1999.	This award/proposal: Start Date: <u>10/1/99</u> End Date: <u>9/30/2000</u> Funding Amount: \$ <u>900,000</u> Indicate the break-down below: FY: <u>2000</u> \$ Amt.: <u>900,000</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: .35
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The Department had a significant amount of latitude in designing the Comprehensive School Reform Demonstration (CSRD) program for Minnesota. The application required detailed explanations for the sub-grant process and selection criteria, strategies to ensure quality, dissemination strategies, and state evaluation strategies. The Department also had to include a set of assurances and certifications. The US Department of Education provided broad guidelines that the CFL had to meet.

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 provide financial incentives for schools that need to substantially improve student achievement, particularly Title I schools, to implement comprehensive school reform programs that are based on reliable research and effective practices, and include an emphasis on basic academics and parental involvement. These programs are intended to stimulate school-wide change covering virtually all aspects of school operations, rather than a piecemeal, fragmented approach to reform. Thus, to be considered comprehensive, a program must integrate, in a coherent manner, nine specific components listed in the legislation. Through supporting comprehensive school reform, the program aims to enable all children in the schools served, particularly low-achieving children, to meet challenging content and student performance standards.

A comprehensive school reform program is one that integrates, in a coherent manner, all nine of the following components:

- ◆ **Effective, research-based methods and strategies:** A comprehensive school reform program employs innovative strategies and proven methods for student learning, teaching, and school management that are based on reliable research and effective practices, and have been replicated successfully in schools with diverse characteristics.
- ◆ **Comprehensive design with aligned components:** The program has a comprehensive design for effective school

functioning, including instruction, assessment, classroom management, professional development, parental involvement, and school management, that aligns the school's curriculum, technology and professional development into a school-wide reform plan designed to enable all students - including children from low income families, children with limited English proficiency, and children with disabilities - to meet challenging State content and performance standards and addresses needs identified through a school needs assessment.

- ◆ **Professional development:** The program provides high-quality and continuous teacher and staff professional development and training.
- ◆ **Measurable goals and benchmarks:** A comprehensive school reform program has measurable goals for student performance tied to the State's challenging content and student performance standards as those standards are implemented and benchmarks for meeting the goals.
- ◆ **Support within the school:** The program is supported by school faculty, administrators, and staff.
- ◆ **Parental and community involvement:** The program provides for the meaningful involvement of parents and the local community in planning and implementing school improvement activities.
- ◆ **External technical support and assistance:** A comprehensive reform program utilizes high-quality external support and assistance from a comprehensive school reform entity (which may be a university) with experience or expertise in school-wide reform and improvement.
- ◆ **Evaluation strategies:** The program includes a plan for the evaluation of the implementation of school reforms and the student results achieved.
- ◆ **Coordination of resources:** The program identifies how other resources (Federal, State, local, and private) available to the school will be utilized to coordinate services to support and sustain the school reform.

Schools awarded sub-grants under the CSRD legislation will begin implementing a continuous improvement model using data-driven decision-making. As schools fully implement the graduation rule, this type of decision-making will become standard. Schools will report on progress towards educational goals and will have to submit annual improvement plans when falling short of adequate progress.

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 Comprehensive School Reform Demonstration Program will complement existing federal, state, and local initiatives by providing money to some schools as an incentive to begin implementing a continuous improvement process. Since all schools will be moving towards such a model in the coming years, the CSRD legislation provides a benefit to the schools receiving awards by defraying the cost of reform. Schools not receiving awards will benefit from the experiences of the selected schools. Comprehensive school reform is about coordination of all resources available to a school to improve the delivery of education and increase results. It is about restructuring schools and breaking molds. Thus, schools implementing a comprehensive reform model will have to look at all areas and determine how to utilize the resources most effectively.

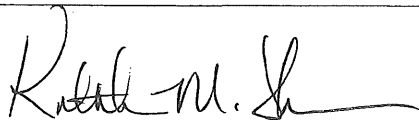
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

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

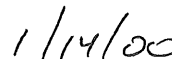
Check here if no match is required. X

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 11.7%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New 35 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No (N/A)
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☐ No
- This grant neither increases nor decreases the chances of unemployment since existing staff are being used.
We anticipate their continued employment at the end of the grant.
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 4.07, Subdivision 1 and M.S. 121.163
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature



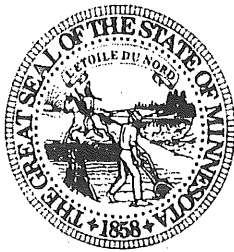
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Department Name: Children, Families & Learning	Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): We received an additional \$3.5 million to the existing award.
Title of Project/Proposal: Public Charter Schools	
Federal Catalog Number: 84.282A	

This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference. Original amount approved in FY 2000-2001 CFL Biennial Budget, Page A-73, Federal Fund Summary	This award/proposal: Start Date: 10-01-99 Date: 09-30-00 Funding Amount: \$ <u>3,500,000.00</u> additional <u> </u> funding Indicate the break-down below: FY: <u>2000</u> \$ Amt.: 1,646,666 FY: <u>2001</u> \$ Amt.: 1,906,666 FY: <u> </u> \$ Amt.: <u> </u> FTE: <u>.2</u> professional, <u>.4</u> support existing staff
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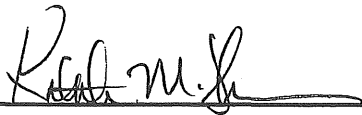
- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
CFL has discretion to determine amount of award to be used for start-up activities and dissemination activities. Eligibility criteria is federally determined.
- 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.
Expand the number of high quality charter schools by providing financial assistance for the planning, program design and initial implementation of public charter schools; evaluation of the effects of charter schools; and the dissemination of information about charter schools and successful practices in charter schools.
- 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 awarded for start-up activities are the only funding charter schools receive prior to opening. Start-up funds are used for purchasing/developing materials, informing the community about the school, professional development, etc. Federal dissemination funds are the only funds available specifically to fund and encourage those activities. The federal grant program is administered through CFL's charter school office so a variety of trainings and assistance opportunities are available to awardees to facilitate the purpose of this program, increase the number of high quality charter schools.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

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

Check here if no match is required. ☒ X

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long term commitments is the state making by acceptance of this grant?
We will fulfill the requirements of the program when administering the grant. 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. 11.7%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New 0.2 prof, 0.4 support 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 This grant neither increases nor decreases the chances of unemployment cost since existing employees are being used. We anticipate the continued employment of existing staff at conclusion of the grant.
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 4.07, Subd. 1, M.S. 121.163
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

1/14/00

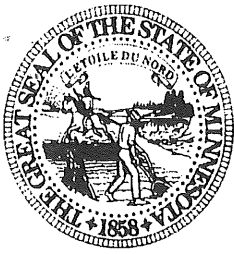
Date



Executive Budget Officer's Signature

1.21.00

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Children, Families & Learning	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Reading Excellence Act	
Federal Catalog Number: 84.338	

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: Anticipated Start Date: <u>7/1/2000</u> End Date: <u>6/30/2003</u> Funding Amount: \$ <u>15 million</u> Indicate the break-down below: FY: <u>2001</u> \$ Amt.: 15 million FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: <u>.5</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The 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.

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

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

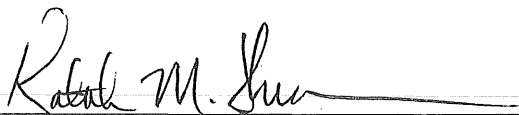
Check here if no match is required. ☒

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

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

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 not awarded in this round of competition. 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. 11.7%
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New .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 N/A
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☐ No
- This grant neither increases nor decreases the chances of unemployment since existing staff are being used. We anticipate their continued employment at the end of the grant.
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 4.07, Subdivision 1 and M.S. 121.163
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

1/14/00

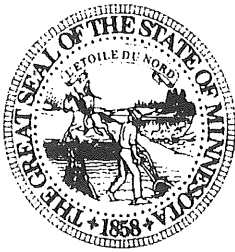
Date



Executive Budget Officer's Signature

1.21.00

Date



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400 Centennial Building
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St. Paul, Minnesota 55155

Policy Note

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Department Name: <i>Department of Human Services</i>	Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): <i>Expansion of existing federal program</i>
Title of Project/Proposal: <i>Independent Living Services</i>	
Federal Catalog Number: <i>93.674</i>	

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. Legislature approved the existing program.	This award/proposal: Start Date: <u>June 2000</u> End Date: <u>June 2005</u> Funding Amount: \$ <u>Annually \$1.2 million</u> Indicate the break-down below: FY:2000 <u> </u> \$ Amt.: <u>\$200,000</u> FY: 2001 <u> </u> \$ Amt.: <u>\$1,200,000</u> FY: 2002 <u> </u> \$ Amt.: <u>\$1,200,000</u> FTE: <u>1</u>
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The current federal program requires an annual plan. Program instructions will be issued for the new components within 12 months of passage of the bill (December 1999). DHS plans to submit a 5 year plan per the federal change.
- 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 current program and the expansion of the program prepares older adolescents in out of home placement for independent living in order to prevent homelessness and welfare dependency. An annual report of the current program is available.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.
This is an expansion of an existing federal program. DHS coordinates this program with MHFA, Corrections, and the Dept. of Economic Security. The funds in this program are coordinated with the transitional housing funds (state program).
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

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

Check here if no match is required. ☒ (no state appropriations required)
Currently, a 20% non-federal match is addressed through county claimed activities reported in SEAGR.

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

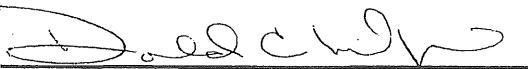
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
b. What short and long term commitments is the state making by acceptance of this grant?

DHS will submit a 5 year plan for activities based on the program requirements. No additional financial commitment is required of the state by the federal government.

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

Indirect costs are allocated per the federally approved cost allocation plan.

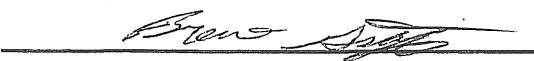
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 1 _____ New 1.4 FTE _____ Existing
9. Will the 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.
256.01
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

1-18-99

Date



Executive Budget Officer's Signature

1/19/00

Date



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

Policy Note

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Department Name: Health		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: CDC Racial and Ethnic Approach to Community Health		
Federal Catalog Number: 93.945		
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: 09/30/99 End Date: 09/29/00 Funding Amount: \$257,621 FTE: 4.0 <i>F.Y. 00 - Previous Approval</i> <i>F.Y. 01 - \$64,621</i>

- 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.
Our agency with the advice of the Minority Health Advisory Committee, was allowed to choose the health disparity, the population, the geographical area, and the community leaders to direct the application process and the planning activities and organizational model.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
Purpose of grant is to develop a Community Action Plan to eliminate racial disparities in infant mortality in the Metro area. A community-based planning process will be conducted to assess needs and assets of affected communities, determine intervention strategies toward which new and existing resources might be directed.
- 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.
Our Infant Mortality Reduction Initiative provides funding for community-based infant mortality review done intermittently by local public health. These reviews identify contributing factors which contribute to infant deaths and make recommendations for systems changes. The information from these reviews conducted by professionals will be part of the information used by the community-based planning process proposed in the grant. The Infant Mortality Consultant will coordinate the existing project activities with the REACH activities.
- 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	\$	Percentage of total grant:___%	Hard ___%	Soft ___%
3rd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%

Check here if no match is required. _____

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

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

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

One year commitment to coordinate and support a community-led planning process to determine best or most promising practices to include in a Community Action Plan (CAP) to eliminate the disparities in infant mortality in the African American and American Indian population of Hennepin and Ramsey counties. Thereafter, the department will prepare a four year grant application to CDC requesting funding for implementation of the CAP recommendations.

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

8. How many positions are needed to carry out this program? 4.0 New ___ Existing

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

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

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

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

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

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

13. Legal authority to apply for and accept grant.

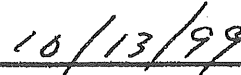
M.S. 144.05

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



Date



Executive Budget Officer's Signature



Date



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

Policy Note

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- Department Name: Health		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: State Rural Hospital Flexibility Grant Program		
Federal Catalog Number: 93.912C		
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: 9/30/99 (est.) End Date: 9/29/00 Funding Amount: \$ 600,000 FTE: 1.5 <i>FY. 00 - Previous Approval</i> <i>FY. 01 - \$ 350,138</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.

Agency is required to perform set activities under this program, and these will be reflected in the 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.

Purpose of the grant is to help rural hospitals to consider and convert to critical access hospital status, to provide assistance to critical access hospitals, to convene interested parties to provide input and conduct planning related to the Medicare Rural Hospital Flexibility Program, and to support other components of the Medicare Rural Hospital Flexibility Program.

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 grant project provides federal support to help implement Minnesota's Medicare Rural Hospital Flexibility Program, which is assigned to the MDH Office of Rural Health in M.S. 144.1483 (11).

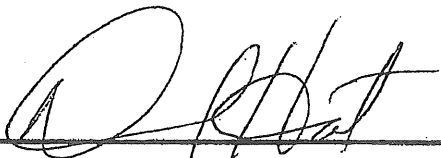
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

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

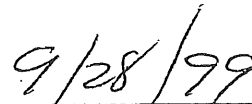
Check here if no match is required. XX

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

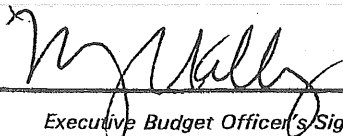
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long term commitments is the state making by acceptance of this grant? none
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- 19.8
- 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 ☐ NA
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. 144.074, 144.1483 (11)
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



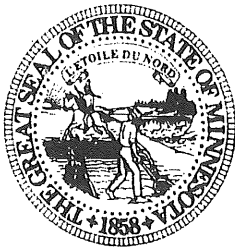
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Department Name: Health	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Center for Excellence in Health	
Federal Catalog Number: Statistics 93.283	

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>09/30/99</u> End Date: <u>09/29/02</u> Funding Amount: \$ <u>\$355 / year</u> Indicate the break-down below: FY: <u>00</u> \$ Amt.: <u>\$266,250</u> FY: <u>01</u> \$ Amt.: <u>\$355,000</u> FY: _____ \$ Amt.: _____ FTE: <u>1.2</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

Agency had considerable discretion in selection of collaborators and research focus.

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 establish a Center for Excellence in Health Statistics in collaboration with the School of Public Health at the University of Minnesota. The goal is to develop and test advanced statistical methodologies that can be applied to high priority public health issues such as smoking and racial disparities. Activities will include four specific research projects plus research training and dissemination activities.

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.

Most existing research programs are agency or program-specific. This will be a collaborative program with various departments at the University. Other state agencies, such as Human Services, have expressed interest in participating in the future.

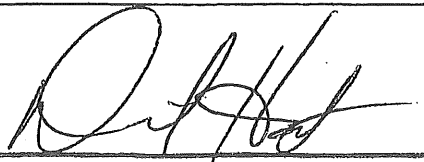
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

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

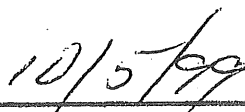
Check here if no match is required. ☒ X

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- Only a commitment to work collaboratively with the University of Minnesota.
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 .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.
- 144.05
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



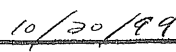
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date



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

Policy Note

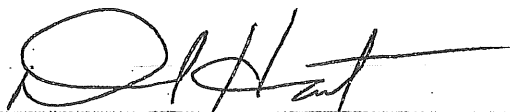
Notice of Application for
Federal Grant Assistance

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

Department Name: Health		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):															
Title of Project/Proposal: Developing a Public Health Approach to Asthma in Minnesota																	
Federal Catalog Number: 93-293																	
Announcement Number: 99109																	
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: 9/30/99 End Date: 9/29/02 Funding Amount: \$ 600,000 FY. 00 - 150,000 FTE: 2.5 FTEs FY. 01 - 200,000															
<p>Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>The MDH has had full discretion in the development of the proposed initiative.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>The purpose is to develop a public health approach to asthma, including the identification and evaluation of data for asthma surveillance activities and the development of a state plan. Both activities will result in final reports.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>There are no other state programs that deal with public health aspects of asthma. Representatives from the Department of Human Services will serve on our statewide planning committee.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$</td><td>Percentage of total grant: %</td><td>Hard %</td><td>Soft %</td></tr><tr><td>2nd year</td><td>\$</td><td>Percentage of total grant: %</td><td>Hard %</td><td>Soft %</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant: %</td><td>Hard %</td><td>Soft %</td></tr></table> <p>Check here if no match is required. <input checked="" type="checkbox"/></p>			1st year	\$	Percentage of total grant: %	Hard %	Soft %	2nd year	\$	Percentage of total grant: %	Hard %	Soft %	3rd year	\$	Percentage of total grant: %	Hard %	Soft %
1st year	\$	Percentage of total grant: %	Hard %	Soft %													
2nd year	\$	Percentage of total grant: %	Hard %	Soft %													
3rd year	\$	Percentage of total grant: %	Hard %	Soft %													

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The state is agreeing to carry out the activities specified in the grant but has no commitment beyond that.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason. _____
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 2.5 New _____ Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 144.074
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

10/13/99

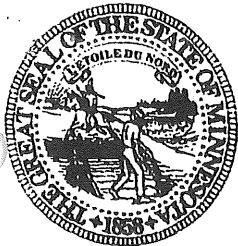
Date



Executive Budget Officer's Signature

10/20/99

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		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Surveillance and Evaluation of Serious Work-Related Trauma		
Federal Catalog Number: RFA: OH-99-002		

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: Oct. 1, 1999 End Date: Sept. 30, 2002 Funding Amount: \$ 650,000 FTE: 2.55 F.Y. 00 - 175,542 F.Y. 01 - 234,056
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The Minnesota Department of Health (MDH) has full discretion in program development and evaluation.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
The purpose of this grant is to develop and understand the causes, magnitude and outcome of serious work-related trauma.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.
The current initiative builds upon existing state data systems from the Department of Labor and Industry and the Department of Health.
- 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 ___%

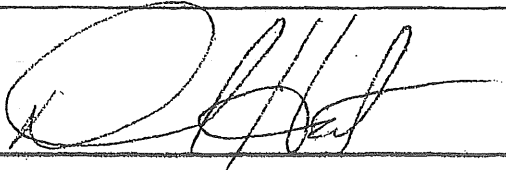
Check here if no match is required. ☒

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

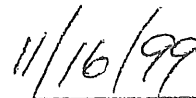
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
None
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. 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 %

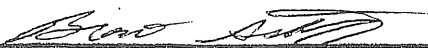
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 1.00 New 1.55 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☒ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 144.074
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



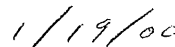
Accounting Coordinator's Signature



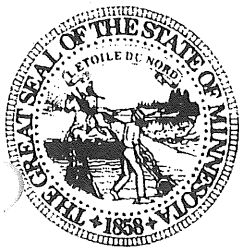
Date



Executive Budget Officer's Signature



Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Minnesota Department of Health		Type of Grant: <input checked="" type="checkbox"/> New (Conference grant) <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: MN Multi-partner Regional Conference for Prevention of Youth Alcohol Use		
Federal Catalog Number: 93.218		

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: May 2000 End Date: May 2001 Funding Amount: \$ 50,000 FTE: none FY. 00 - 9,000 FY. 01 - 41,000
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
We were allowed full discretion in the preparation of the application. This is a conference grant for purposes of knowledge dissemination regarding substance abuse (knowledge dissemination is a requirement)

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

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

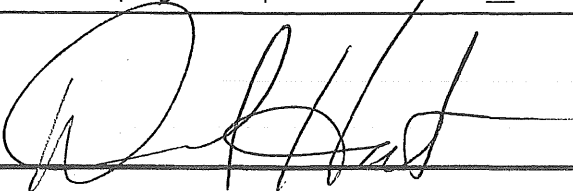
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.
8,400 of soft is from registration fees, 26001 is other partner agency soft \$\$; 22,670 is MDH soft \$\$

1st year	\$48,429	Percentage of total grant: 49 %	Hard <input type="checkbox"/> %	Soft <input checked="" type="checkbox"/> 100 %
2nd year	\$	Percentage of total grant: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %
3rd year	\$	Percentage of total grant: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %

Check here if no match is required. 25% of total direct dollar budget must be match

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
No long term commitments; short term is to implemtn the grant, produce the two products and disseminate the materials nationally through SAMHSA.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
Although not allowed with this conference grant, the indirect costs of 11,563 are acknowledged in the budget narrative.
- 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 .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.
MS 144.697, subdivision2 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

1/18/00
Date


Executive Budget Officer's Signature

1/19/00
Date

Policy Note Attachment

Title: MN Multi-partner Regional Conference for Prevention of Youth Alcohol Use

Fed. Catalog. Number 93.218

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.

We are proposing to plan and implement seven regional conferences for multi-sector partners throughout the State for mid-September to mid-October 2000. The overall goal of these regional conferences is to improve the capacity of local communities to reduce youth use of alcohol. The conferences will provide local communities with 1) ways to choose and implement "evidence-based practices", using alcohol prevention examples, 2) lessons learned about systems' change from existing community collaborations, 3) experience using the latest in prevention technology and 4) the opportunity to network and learn from each other.

Two products are expected to evolve from the conference planning and implementation:

- 1) a consensus-based document identify the value and ways to apply evidence-based practices in community work and
- 2) a document of the compiled lessons learned about developing and maintaining viable and effective community coalitions for alcohol use prevention among youth.

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 along with the Departments of Human Service, Children, Families and Learning, Public Safety, the Minnesota Prevention Resource Center and the Cental Center of Application of Prevention Technologies (CAPT) have identified a lack of a unified, coordinated system at the state and local levels to disseminate cutting edge systems change knowledge for reduction of youth use of alcohol. A coordinated vision at the state level to assist communities in 1) strengthening the local capacity to understand, develop and implement evidence-based alcohol prevention practices for youth use and 2) providing a single message about the value and ways to apply evidence-based practices in our communities will allow us to impact systems change in a meaningful and innovative manner.

This project compliments the State Incentive Grant (SIG) statewide planning effort to coordinate prevention resources across the state. The learning at this conference will be incorporated and built upon through conferences scheduled throughout 2000-2001 through the SIG, prevention resource centers and the 4 state agencies providing prevention.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) SAMHSA	(2) Applicant	(3) Other State	(4) Other (including federal)	
a. Personnel	\$	\$ 2,219	\$ 17,425	\$ 21,466	\$ 41,110
b. Fringe Benefits		488	2,596	4,535	7,619
c. Travel	4,200				4,200
d. Equipment					
e. Supplies	8,000				8,000
f. Contractual	30,800	8,400	3,500		42,700
g. Construction					
h. Other ^{Substitute Teacher Stipend}	7,000				7,000
i. Total Direct Charges (sum of 6a-6h)	50,000	11,107	23,521	26,001	110,629
j. Indirect Charges *	0	11,563			11,563
k. TOTALS (sum of 6i and 6j)	\$ 50,000	\$ 22,670	\$ 23,521	\$ 26,001	\$ 122,192
7. Program Income (Registration fees)	\$	\$ 8,400	\$	\$	\$

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Standard Form 424A (Rev. 7-97)

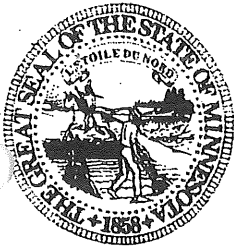
Prescribed by OMB Circular A-102

Previous Edition Usable

*Non-collectable dollars on 50,000 and 8,400 of room rental and speaker fees

**Total non-federal match = 34,628 excluding Indirect 2.1 and 3.1 = nonfederal match

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ 22,670	\$ 23,521	\$ 26,001	\$ 72,192	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks: 12d. includes other federal sources; 12c. includes 11,563 of uncollectable indirect costs					



Department of Finance
400 Centennial Building
658 Cedar Street
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Policy Note

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Department Name: Health		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Grand Portage/Fond du Lac Fish Consumption Advice		
Federal Catalog Number: 66-505		

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: 07/01/99 End Date: 12/31/00 Funding Amount: \$ 74,217 FTE: 0.15 F.Y. 00 - Previous Approval F.Y. 01 - \$ 24,217
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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.
Money is available for a specific purpose. Discretion allowed for staffing and administration of program responsibilities.

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

Development of fish consumption advice for Grand Portage and Fond du Lac Reservations. Project will include exposure assessment, fish collection, fish tissue analysis, derivation of consumption advice, and outreach to tribal members.

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 differs from the state fish advisory in that it is specific to reservation waters and addresses tribal member fish consumption.

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.

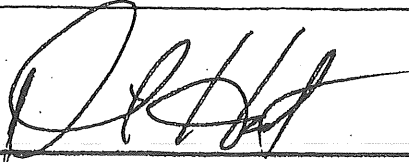
1st year	\$ 3500	Percentage of total grant: 5 %	Hard <input type="checkbox"/> %	Soft <input checked="" type="checkbox"/> 5 %
2nd year	\$	Percentage of total grant: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %
3rd year	\$	Percentage of total grant: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %

Check here if no match is required. ☐

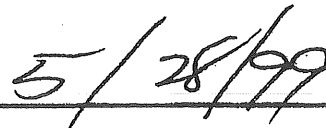
3,000 State FTEs 500 Tribal contribution

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The state will contribute \$3000 in-kind salary and meet the goals and objectives of the grant outlined in number 2 above.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.8 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
Verbal approval of newly negotiated rate.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New 0.15 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
Minnesota Statue 144.074
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No




Accounting Coordinator's Signature



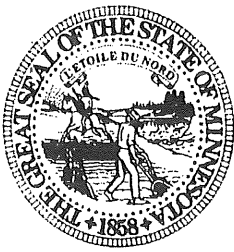
Date



Executive Budget Officer's Signature



Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name:	Pollution Control	Type of Grant:
Title of Project/Proposal:	Air Toxic Inventory-Great Lakes Commission	<input type="checkbox"/> New
Federal Catalog Number:	66.501	<input checked="" type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):

This request is in the following state:	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?	This award/proposal:
<input type="checkbox"/> Pre-Application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Start Date: <u>7/1/00</u> End Date: <u>9/30/00</u>
<input type="checkbox"/> Application	If yes, state the page and current budget volume for reference.	Funding Amount: \$ <u>17,369</u>
<input type="checkbox"/> Negotiation		Indicate the break-down below:
<input checked="" type="checkbox"/> Awarded		FY: <u>01</u> \$ Amt.: <u>17,369</u>
		FY: <u> </u> \$ Amt.: <u> </u>
		FY: <u> </u> \$ Amt.: <u> </u>
		FTE: <u>one</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 grant is available specifically for the development of the Minnesota portion of the Great Lakes regional air toxics emission inventory. We have discretion to determine if we use existing staff, new staff or a contractor for the project.
- 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 allows Minnesota to participate in the Great Lakes Inventory and provide annual estimates for 84 pollutants of concern to the Great Lakes. MPCA staff will provide 1998 emission estimates to the Great Lakes Commission, participate in the development of data access through a Geographic Information System and software enhancement. The product of the program is a Summary Report of the 1998 Minnesota air toxics emission inventory for point, area and mobile sources.
- 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 eight Great Lakes states (IL,IN,MI,MN,NY,OH,PA,WI) and the Province of Ontario, working together through the Great Lakes Commission, created a Great Lakes Regional Air Toxics Emission Inventory for calendar year 1996. This inventory is updated every year from a base year of 1996. Minnesota's air toxics inventory uses data from the MPCA criteria pollutant inventory, facility air emission permits, and Toxic Release Inventory. The air toxics emission inventory is used by the Air Toxics Technical Team in identification of problems posed by air toxics in Minnesota.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

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

Check here if no match is required. ☒ X

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

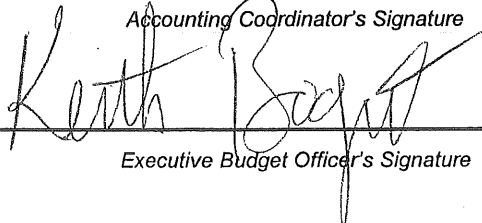
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a.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



Accounting Coordinator's Signature

1/14/00

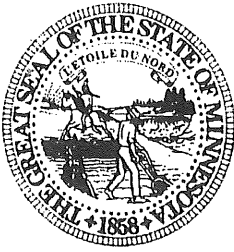
Date



Executive Budget Officer's Signature

1/14/00

Date



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

Policy Note

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Department Name:	Pollution Control	Type of Grant:
Title of Project/Proposal:	Leaking Underground Storage Tank Program Special Project	<input type="checkbox"/> New
Federal Catalog Number:	66-805	<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.	This award/proposal: Start Date: 7/1/00 End Date: 12/31/00 Funding Amount: \$10,000 Indicate the break-down below: FY:01 \$ Amt.: 10,000 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: .06
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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.
EPA provided a general funding limit for the grant request and required that the proposed program be related to the Leaking Underground Storage Tank (LUST) 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.
The purpose of the grant is to implement a sampling program at petroleum contaminated soil treatment facilities throughout Minnesota. The program will entail soil sampling at thermal, composting and land treatment facilities to verify the sampling results obtained by the private managers of these facilities. It will allow the MPCA more control and confidence that contaminated soil is being treated adequately and to environmentally safe levels.
- 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 provides an added check to the adequacy and effectiveness of soil treatment technologies. The program will be administered by a project leader in the MPCA's LUST cleanup unit and will involve input from LUST staff throughout the state. Sampling will be conducted in accordance with applicable MPCA LUST fact sheets and Minnesota Rules. No similar state program exists.
- 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 \$ 1,139	Percentage of total grant: 10%	Hard 100%	Soft _____%
2nd year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
3rd year \$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%

Check here if no match is required. _____

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

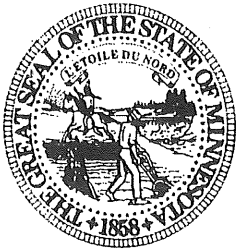
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☒ Yes ☐ No
8. How many positions are needed to carry out this program? _____ New .06 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 116.03
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

1/14/00
Date


Executive Budget Officer's Signature

1/14/00
Date



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

Policy Note

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Department Name:	Pollution Control	Type of Grant:
Title of Project/Proposal:	Pilot Project in PrintSTEP	<input checked="" type="checkbox"/> New
Federal Catalog Number:	66.701	<input type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):

This request is in the following state:	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?	This award/proposal:
<input type="checkbox"/> Pre-Application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Start Date: <u>7/1/00</u> End Date: <u>9/30/02</u>
<input type="checkbox"/> Application		Funding Amount: \$ <u>90,000</u>
<input type="checkbox"/> Negotiation	If yes, state the page and current budget volume for reference.	Indicate the break-down below:
<input checked="" type="checkbox"/> Awarded		FY: <u>01</u> \$ Amt.: <u>75,000</u>
		FY: <u>02</u> \$ Amt.: <u>15,000</u>
		FY: <u> </u> \$ Amt.: <u> </u>
		FTE: <u>one</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 MPCA has discretion to propose a pilot program for the implementation of PrintSTEP.
- 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 PrintSTEP is to provide outreach, compliance assistance, and public involvement in the environmental regulation of the printing industry. The objective is to use multi-media inspections to ascertain compliance; compliance assistance to achieve compliance; and public participation to educate and inform the public of individual printer compliance status and issues. Resulting activities include compliance tracking reports, publicized agreements with printers to achieve compliance, and notices of public meetings for comments on agreements or compliance issues.
- 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.
 - Multi-media inspections will be coordinated with existing staff in the media areas of water quality, air quality, solid waste, hazardous waste, and storm water. The team approach to compliance determination and assistance, as well as an active role of the printer and public, is what makes this pilot program unique.
- 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	\$25,000	Percentage of total grant: 12	%	Hard	100	%	Soft		%
2nd year	\$31,000	Percentage of total grant: 14	%	Hard	100	%	Soft		%
3rd year	\$5,846	Percentage of total grant: 3	%	Hard	100	%	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.

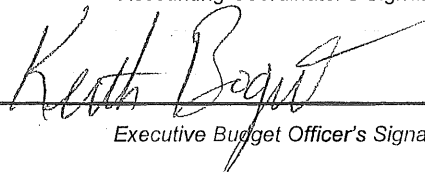
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- The short term commitment is the identification and coordination with stakeholders. The long term commitment is higher compliance levels by the printing industry, and higher participation levels by the public.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☒ Yes ☐ No
8. How many positions are needed to carry out this program? 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.
- 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

1/14/00

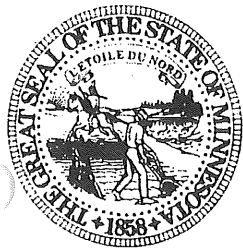
Date



Executive Budget Officer's Signature

1/14/00

Date



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

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Department Name: Pollution Control		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal:	Clean Air Act Small Business Assistance Sec. 507	
Federal Catalog Number:	66-606	

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: 7/1/00 End Date: 9/30/01 Funding Amount: \$46,824 FTE: 0.40 new 0.10 existing
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The agency was afforded considerable latitude in selecting the specific type of proposal to submit, provided that the proposal included components designed to measure the environmental effectiveness of providing compliance assistance to small businesses. The agency was afforded considerable latitude in selecting the actual performance measures needed to satisfy this requirement.

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's purpose is to conduct and measure the effectiveness of a nonregulatory compliance assistance initiative for small businesses in Minnesota's reinforced plastics industries. The three primary objectives are:

- Develop and deliver compliance assistance tools to small businesses in the reinforced plastics industries to assist them in complying with pending federal air regulations.
- Design and implement a system of measures to evaluate the effectiveness of nonregulatory compliance assistance using the initiative itself as a subject study.
- Design and deliver pollution prevention assistance tools to small businesses in the reinforced plastics industries.

Activities will include research, site visits, meetings, case study development, presentations and training workshops. Work products will include a benchmarking report, written informational documents and mailings, training and educational materials, interim status reports, select individual case studies, and a final report. All work products will be developed for adaptability by other local, state or federal assistance 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.

The initiative complements and expands the services of the agency's Small Business Assistance Program (SBAP) which has provided nonregulatory compliance assistance to small businesses since mandated by the 1990 Clean Air Amendments. It exists as one of fifty state SBAPs nationwide. The agency's SBAP has a history of partnering with other Minnesota assistance providers and has received firm commitments to extend these relationships into this initiative. These partners include the Minnesota's Small Business Development Centers, the Office of Environmental Assistance, the Minnesota Technical Assistance Program, and industry and trade association members.

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 ___%

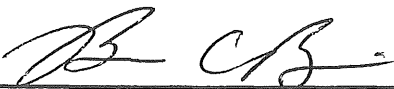
Check here if no match is required. X

FI-00211-04 (1/97)

OVER

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

5. a. Does the grant contain a maintenance of effort requirement? X No ___ Yes. If yes, please provide the base year _____ and the amount \$ _____.
b. What short and long term commitments is the state making by acceptance of this grant?
The state has agreed to carry out the scope of the workplan that was included in the grant proposal and application.
6. Are indirect costs included in the proposal? X Yes ___ No
a. If indirect costs are not included in the proposal, indicate reason.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79 %
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ___ Yes ___ No There is no state match.
8. How many positions are needed to carry out this program? 0.40 New 0.10 Existing
9. Will the award supply funding of present positions? X Partial ___ Full ___ None
10. Will new positions be funded entirely by the grant award? ___ Yes X No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ___ Yes X No
b. Is continuation of positions a condition of receiving the federal grant? ___ Yes X No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
X Yes ___ No
b. If yes, has provision been made to provide the necessary funding? ___ Yes X 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 X No
15. Will the program require new rules? ___ Yes X No



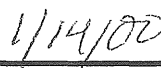
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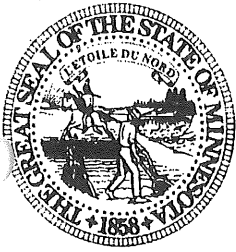
Executive Budget Officer's Signature



Date



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Department Name: Pollution Control		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: TMDL Studies of Whitewater River and Rabbit River		
Federal Catalog Number: 66-606		

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: 7/1/00 End Date: 10/31/02 Funding Amount: SFY01 \$21,536 (federal), \$1,133 (state); SFY02 \$20,000 (federal), \$1,054 (state) FTE: 0.20 existing
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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.
EPA made grant funds available to do Total Maximum Daily Load (TMDL) studies under Sec. 104(b)(3) of the Clean Water Act (CWA). The MPCA selected two impaired watersheds from a list (see No. 3 below). Most of the funds will be used to hire consultants to do the actual TMDL studies.

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.
Completing TMDL allocation studies is required by Sec. 303(d) of the CWA. This grant will allow the MPCA to proceed with two TMDL studies. The studies will provide scientific data on all sources of a particular pollutant (e.g., ammonia) for a selected watershed and that information will be used to better manage that watershed.

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 MPCA is required under Sec. 303(d) of the CWA to publish a list every 2 years of stream reaches and lakes that do not support designated uses (e.g., fishing) because of excess pollutants. The MPCA is required to complete TMDL allocation studies for all waters on this list. The Sec. 303(d) list is the basis for selecting which streams and lakes to study.

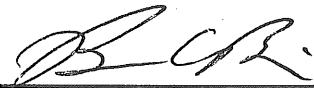
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ 1,133	Percentage of total grant: <u>5</u> %	Hard <u> </u> %	Soft <u>5</u> %
2nd year	\$ 1,054	Percentage of total grant: <u>5</u> %	Hard <u> </u> %	Soft <u>5</u> %
3rd year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %

Check here if no match is required.

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

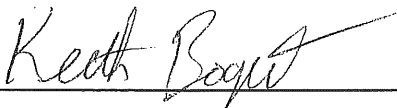
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☐ Yes ☒ No
a. If indirect 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 0.20 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No Not applicable.
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
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



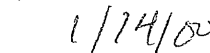
Accounting Coordinator's Signature



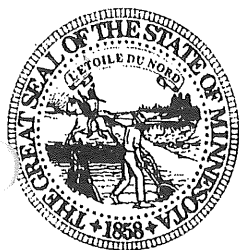
Date



Executive Budget Officer's Signature



Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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

Department Name: Pollution Control		Type of Grant:
Title of Project/Proposal: Underground Storage Tank		<input type="checkbox"/> New
Federal Catalog Number: 66.804		<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.	This award/proposal: Start Date: 7/01/00 End Date: 12/31/00 Funding Amount: \$7,274 FY 01 = \$7,274 FTE: 0.20
--	--	--

- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. There was a great deal of latitude relative to this grant proposal. The only restriction was that the monies be used on Underground Storage Tank prevention activities. Within that area, the grant may be used for outreach, training, publications, staff, or other activities.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The purpose of the grant is to enhance the knowledge of an underground storage tank owner or operator's knowledge of the technical rule for proper tank management. This activity will be accomplished by providing a booklet that explains what an owner or operator must do to comply with the rules. The grant will also provide a real time response to inspectors in the field enabling them to have access to the Agency's database while conducting inspections at a facility. Reporting to the EPA will involve how many booklets have been distributed and a general discussion of how things are going at the year end meeting.
- 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 enhance the Agency's ability to promote proper tank management and provide assistance to owner's and operator's. It will complement the existing program and provide finances necessary to print and distribute compliance assistance information. The booklets will be distributed by existing Agency staff during their inspections and will be mailed to owner/operators as requested.
- 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: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %
2nd year \$2,456	Percentage of total grant: 25%	Hard 25%	Soft <input type="checkbox"/> %
3rd year	Percentage of total grant: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %

Check here if no match is required. ☐

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

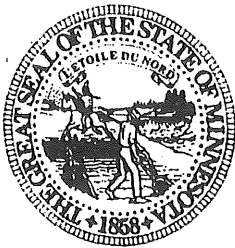
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The short term commitment is to develop and print booklets describing ways underground storage tank owners and operators can comply with the existing storage tank rules. There is no commitment beyond December 31, 2000.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption. NA
7. Are indirect costs part of any match? ☒ Yes ☐ No
8. How many positions are needed to carry out this program? 0.20 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. 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

B. C. B. 11/14/00
Date

Executive Budget Officer's Signature

Keith Beggs
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	Type of Grant:
Title of Project/Proposal:	Performance Partnership Grant (PPG)	<input type="checkbox"/> New
Federal Catalog Number:	66-605	<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>7/1/99</u> End Date: <u>6.30/01</u> Funding Amount: \$ <u>1,340,874</u> Indicate the break-down below: FY: <u>00</u> \$ Amt.: <u>638,946</u> FY: <u>01</u> \$ Amt.: <u>701,928</u> * FY: <u> </u> \$ Amt.: <u> </u> FTE: <u>10.5</u> * But \$488,946 of this is an Estimate.
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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 was a very high degree of latitude allowed. The only parameters were the Grant's segments defined for the money. \$200,000 is to be used in the Resource Conservation and Recovery Act (RCRA) area, and \$1,140,874 is to be used in the Clean Water Act (CWA), Section 106, Surface Water area.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
Focus in the RCRA Area will be to improve the management and use of Persistent Bioaccumulative and Toxic Strategies (PBTs) in the business sector. The intent is to 1) enhance PBT inspections, 2) a Demolition Waste initiative, 3) upgrading our Delta (computer) system to include PBTs, 4) provide Small Business assistance and, 5) develop a mercury reduction strategy. In the Clean Water Act, Section 106, Surface Water Area, there are no changes or additions to the approved Environmental Performance Partnership Agreement (EnPPA) for St FY00/01.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.
In the RCRA Area, the MPCA's ability to educate and track PBTs in Minnesota. This is not a new program, but a one-time funding to expand the existing RCRA program and to incorporate the information gathered into other media types and provide a basis for reciprocal information sharing with other states. In the CWA, Section 106, Surface Water Area there are no differences. It is only an increase to the original estimate, which was used for the budgetary process prior to July 1, 1999.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ <u>0</u> **	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %
2nd year	\$ <u>0</u> **	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %
3rd year	\$ <u> </u>	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %

Check here if no match is required. ☒ ** There is sufficient match already in the 00/01 PPG.

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

(RCRA) (Water 106)

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☒ Yes *** Already in the PPG, see #4, above.
If yes, please provide the base year 1978 and the amount \$ 2,230,000 ***.

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

None, other than to complete the work by the end of the grant period (6/30/01) as indicated in the EnPPA.

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

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

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

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

NA

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

8. How many positions are needed to carry out this program? 0 New 10.5 Existing

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

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

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

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

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

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

13. Legal authority to apply for and accept grant.


M.S. 116.03

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

15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

1/14/00
Date


Executive Budget Officer's Signature

1/14/00
Date



Minnesota Pollution Control Agency

Kathy Stith

December 28, 1999

Ms. JoLynn Traub, Director
Water Division, Region 5
U. S. Environmental Protection Agency
77 West Jackson Boulevard
Chicago IL 60604-3590

Attention: Acquisition and Assistance Branch (MC-10J)

RE: Minnesota's Performance Partnership Grant
Grant # BG985688-00, Amended Application

Dear Ms. Traub:

Enclosed is the Minnesota Pollution Control Agency's (MPCA) Amended Performance Partnership Grant (PPG) application for the period of July 1, 1999 through June 30, 2001. The amendments to this grant are to the Federal portion only, and are in the amounts and for the reasons as stated:

- * \$26,545- Funds available but not awarded for the PPG grant # BG985688-99 in the CWA (Clean Water Act) Section 106 (Surface and Ground Water) segment. There are no corrections or additions necessary to the 2000-2001 Environmental Performance Partnership Agreement (EnPPA's) work plan.
- * \$676,776- Carry forward of unused funding from the FY1999 PPG, encompassing all program areas. Transfer of work in the MPCA's reorganization resulted in some PPG work of the EnPPA's work plan being set aside to FY 2000. An amended EnPPA work plan has been submitted and is in the approval process or has already been approved to cover this additional funding.
- * \$60,000- Carry forward of unused funding in the Hazardous Waste Federal Grant # D005342-95. This is being added to the Hazardous Waste/RCRA (Resource Conservation Recovery Act) segment of the FY2000-FY2001 PPG. An amended EnPPA work plan has been submitted and is in the approval process or has already been approved to cover this additional funding.
- * \$200,000- Addition of a special one year (Federal FY2000) Hazardous Waste project labeled RCRA/PBT. This is listed as a separate segment than the other RCRA due to the work and the timeline restrictions of this segment. An amended EnPPA work plan has been submitted and is in the approval process or has already been approved to cover this additional funding.

Ms. JoLynn Traub

Page 2

December 28, 1999

* \$1,140,874- An increase in the total for the CWA Section 106 (Surface and Ground Water) to accommodate the more accurate Federal FY2000 estimate now available. There are no corrections or additions necessary to the 2000-2001 Environmental Performance Partnership Agreement (EnPPA's) work plan. This is only a correction to the under-estimated original CWA Section 106 segment. Because there was an error in the number of FTEs showing for the original Hazardous Waste/RCRA segment, the number of FTEs (Full Time Equivalent) necessary for the entire PPG remains almost the same. (See the enclosures for the corrected FTE totals.)

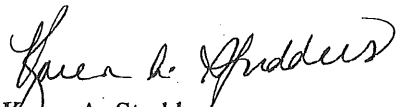
* \$217,095- An increase in the total for the Air 105 CAA (Clean Air Act) to accommodate the more accurate Federal FY2000 estimate of the original application is now available. There are no corrections or additions necessary to the 2000-2001 Environmental Performance Partnership Agreement (EnPPA's) work plan. This is only a correction to the under-estimated original Air 105 CCA (Clean and Clear Air) segment. The number of FTEs necessary for the entire PPG remains almost the same as indicated in the previous paragraph. (See the enclosures for the corrected FTE totals.)

This grant application amendment is for two years, coinciding with the EnPPA currently in place for July 1, 1999 through June 30, 2001 (4th quarter Federal FY1999, all of Federal FY2000 and the 1st three-quarters of Federal FY2001). However, only the increases in the CWA Section 106 and Air 105 (CAA) segments include funds to be used past the end of Federal FY2000.

The updated information pertaining to the Federal FTEs and Funds Associated with Program Elements, and the Cost Share Ratio Calculation are provided as enclosures to this application amendment.

If you have any questions, please contact Joel A. Marquardt, of my staff, at (651) 296-7230.

Sincerely,



Karen A. Studders
Commissioner

KAS:sjv

Enclosures

cc: Paulette Foreste, U.S. EPA, Region 5 (WS-15J)

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier BG985688-00	

5. APPLICANT INFORMATION			
Legal Name: MINNESOTA POLLUTION CONTROL AGENCY		Organizational Unit: POLICY AND PLANNING DIVISION	
Address (give city, county, state and zip code): 520 LAFAYETTE ROAD, ST. PAUL, MINNESOTA 55155		Name and telephone number of the person to be contacted on matters involving this application (give area code) Joel A. Marquardt (PPG) 651.296.7230 or 'joel.marquardt@pca.state.mn.us' Jim Brist (EnPPA) 651.297.8331 or 'jim.brist@pca.state.mn.us'	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 41-6007162 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) A
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(s): A A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____

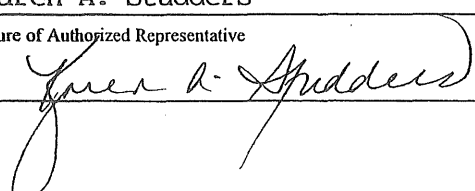
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: PERFORMANCE PARTNERSHIP GRANTS	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Minnesota Performance Partnership Grant (4th Qtr FY99, FY00, 1st 3 Qtrs FY01)
--	---

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) STATEWIDE			
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13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 07/01/99	Ending Date 06/30/01	a. Applicant ALL	b. Project ALL

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$ 14,314,426.00</td></tr> <tr><td>b. Applicant/STATE</td><td>\$ 11,557,564.00</td></tr> <tr><td>c. State</td><td>\$.00</td></tr> <tr><td>d. Local</td><td>\$.00</td></tr> <tr><td>e. Other</td><td>\$.00</td></tr> <tr><td>f. Program Income</td><td>\$.00</td></tr> <tr><td>g. Total</td><td>\$ 25,871,990.00</td></tr> </table>	a. Federal	\$ 14,314,426.00	b. Applicant/STATE	\$ 11,557,564.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$ 25,871,990.00	a. YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO: <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 14,314,426.00														
b. Applicant/STATE	\$ 11,557,564.00														
c. State	\$.00														
d. Local	\$.00														
e. Other	\$.00														
f. Program Income	\$.00														
g. Total	\$ 25,871,990.00														

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes," attach an explanation.	<input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
Typed Name of Authorized Representative Karen A. Studders	b. Title Commissioner	c. Telephone number 651/296-7301
d. Signature of Authorized Representative 	e. Date Signed December 28, 1999	

BG985688-00-01

APPLICATION FOR FEDERAL ASSISTANCE (Short Form)

PART II - BUDGET DATA

OBJECT CLASS CATEGORIES	CURRENT APPROVED BUDGET (a)	CHANGE REQUESTED (b)	NEW OR REVISED BUDGET (c)
1. PERSONNEL	12,993,236	1,270,130	14,263,366
2. FRINGE BENEFITS	2,728,567	266,739	2,995,306
3. TRAVEL	672,128	66,741	738,869
4. EQUIPMENT	66,000	0	66,000
5. SUPPLIES	231,222	15,723	246,945
6. CONTRACTUAL	1,995,648	166,563	2,162,211
7. CONSTRUCTION	0	0	0
8. OTHER	490,379	112,729	603,108
9. TOTAL DIRECT CHARGES	19,177,180	1,898,625	21,075,805
10. INDIRECT CHARGES	4,373,520	422,665	4,796,185
11. TOTAL	23,550,700	2,321,290	25,871,990
12. FEDERAL SHARE	11,993,136	2,321,290	14,314,426
13. NON-FEDERAL SHARE	11,557,564	0	11,557,564
14. PROGRAM INCOME	0	0	0

15. DETAIL ON INDIRECT COSTS

27.79% ***

TYPE OF RATE (mark one box)

| PROVISIONAL

| PREDETERMINED

| FINAL

| X | FIXED

RATE

%

BASE \$

TOTAL AMOUNT \$

PART III

PROGRAM NARRATIVE STATEMENT

(Attach additional sheets, if necessary)

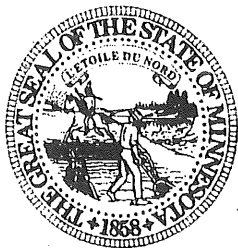
*** In the original application, a provisional rate of 27.8% was used. This amendment application corrects that.

**MINNESOTA POLLUTION CONTROL AGENCY
FISCAL YEAR 2000 -2001 PERFORMANCE PARTNERSHIP GRANT
COST SHARE RATIO CALCULATION
1st Amendment to Application**

			RECIPIENT	BASIS OF
	PPG	FEDERAL	COST	COST
FUNDING SOURCE	TOTAL	SHARE	SHARE	SHARE
Water 106 (CWA) - Surface Water	9,905,457	3,921,639	5,983,818	MOE
Water 106 (CWA) - Ground Water	491,384	466,814	24,570	5% match
CWA Sec. 104(b)(3) - Watershed	842,106	800,000	42,106	5% match
CWA Sec. 104(b)(3) - Wetlands	443,334	332,500	110,834	25% match
Air 105 (CAA)	6,284,965	3,822,009	2,462,956	MOE
Hazardous Waste Mgmt (RCRA)	5,939,112	3,367,022	2,572,090	43.3% match*
Haz Waste (RCRA/PBT) - FFY00 Only	200,000	200,000	**	25% match
Toxics Compliance & Monitoring (TSCA)	239,356	180,000	59,356	25% match
Underground Storage Tank (UST)	500,968	373,400	127,568	25% match
Pollution Prevention Incentives	348,532	174,266	174,266	50% match
Cross-Media (FFY99 Carry Forward)	676,776	676,776	**	45.33% match ***
TOTAL	25,871,990	14,314,426	11,557,564	
* Federal Regulations require 25% match, Agency decision to match at 43.3% level.				
** There is sufficient match in the Water 106 (Surface Water) to cover the additional need.				
*** This match amount corresponds to the overall match as shown on the Final FSR for the 99 Grant				
NOTES:				
1) PPG Total = Federal Share plus Recipient Cost Share				
2) Federal share amounts = Actual amounts or Federal estimates of the 4th qtr, Fed FY99, actual amounts or Federal estimates for Fed FY00, and estimates for 3 qtrs' worth of funding of Fed FY01, based on funding levels being consistent with Federal FY00.				
3) Federal share total must match federal dollar total on the FTEs and \$ on Program Element Sheet				
4) Basis of Cost Share-- reflect either MOE or match % required as appropriate.				

**MINNESOTA POLLUTION CONTROL AGENCY
FISCAL YEAR 2000-2001 PERFORMANCE PARTNERSHIP GRANT
FEDERAL FTEs AND FUNDS ASSOCIATED WITH PROGRAM ELEMENTS
1st Amendment to Application**

		TOTAL FEDERAL	
	FTE	FUNDS (INCLUDES	
PROGRAM ELEMENT	FEDERAL	SALARIES AND S&E)	
Clean and Clear Air	21.5	\$ 3,822,009	
Clean Water	35.5	\$ 5,707,653	
Uncontaminated Land	26	\$ 3,933,722	
Multimedia Coordination	1.5	\$ 174,266	
Cross-Media (FFY99 Carry Forward)	7	\$ 676,776	
Total	91.5	\$ 14,314,426	
NOTE: Total Federal dollars must equal total federal share amount on the Cost Share Ratio			
Calculation Sheet			



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

Policy Note

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Department Name: MPCA		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: MEI Brownfield Grant		
Federal Catalog Number: 66.802 Hazardous Substances Response Trust Fund		

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>3/1/00</u> End Date: <u>6/30/01</u> Funding Amount: \$ <u>40,000</u> Indicate the break-down below: FY: <u>00</u> \$ Amt.: <u>15,000</u> FY: <u>01</u> \$ Amt.: <u>25,000</u> FY: <u> </u> \$ Amt.: <u> </u> FTE: <u>N/A</u>
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The MPCA will be required to follow guidelines set up by U.S. EPA for funding of Brownfield assessment projects under the Federal Superfund 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.
The funding would be a pass through grant from U.S. EPA to the Minnesota Environmental Initiative (MEI). MEI would utilize the funding to identify potential Brownfield sites for redevelopment to Greenspaces/open areas and would assist the MPCA in the development of recommendations as to potential funding sources, either existing or new, which can assist in Brownfield site cleanup.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.
This proposal would help MEI assist local units of government in the identification of Brownfield sites, which could then seek assistance for investigation/cleanup through the MPCA's Voluntary Investigation and Cleanup Program. It could also help local units of government identify funding sources for Brownfield cleanup, such as through the Department of Trade and Economic Development or the Metropolitan Council.
- 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. N/A

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

Check here if no match is required. ☒

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

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

b. What short and long term commitments is the state making by acceptance of this grant?
Short-term commitments will be necessary reporting requirement to U.S. EPA and participation in any work groups with other agencies. There are no anticipated 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.

Existing staff will assist/oversee MEI in this effort.

- 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

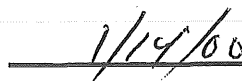
13. Legal authority to apply for and accept grant.

Minnesota Statute 116.03

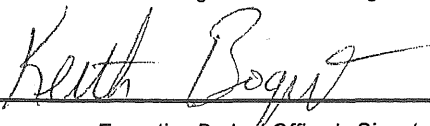
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



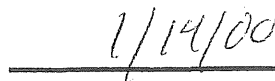
Accounting Coordinator's Signature



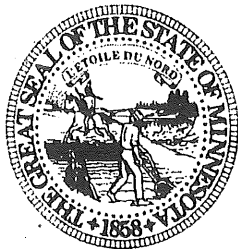
Date



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: Minnesota Pollution Control Agency	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Advancing Wetland Biocriteria	
Federal Catalog Number: 66.461	

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: 9/15/00 End Date: 8/30/02 Funding Amount: \$378,000 (federal); \$162,000(state) Indicate the break-down below: FY: 01 \$ Amt.: 185,000 FY: 02 \$ Amt.: 185,000 FY: 03 \$ Amt.: 8,000 FTE: 2.3 (federal); 1.0 (state)
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The U.S. Environmental Protection Agency (EPA) annually has funds available for Wetland Program Development Grants under Sec. 104(b)3 of the Clean Water Act. The process is competitive—not every applicant may be funded or at the level of funding requested. This proposal has four parts with different purposes, budgets and outcomes with each part advancing the MPCA's wetlands biocriteria development 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.
The four parts of the grant are: (1) development of an invertebrate Indexes of Biological Integrity (IBI) for vernal pools and planning strategies for protection of vernal pools; (2) evaluate issues and options for developing an IBI for fens; (3) analyze the variability in the sampling effort, methods and resulting IBI's for depressional wetlands; and (4) produce a guidance manual for assessment of wetlands for use by citizens and local units of government.
- 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 MPCA has been working to develop wetland biological criteria and has developed two IBI for depressional wetlands. The MPCA is now at work on refining those indexes and testing and modifying them for use in large depressional wetlands/small lakes. This grant would allow the MPCA to further advance the development and enhancement of wetland biological criteria in Minnesota.
- 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	\$60,000	Percentage of total grant:30	%	Hard	%	Soft 30	%
2nd year	\$80,000	Percentage of total grant:30	%	Hard	%	Soft 30	%
3rd year	\$22,000	Percentage of total grant:30	%	Hard	%	Soft 30	%

Check here if no match is required. _____

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

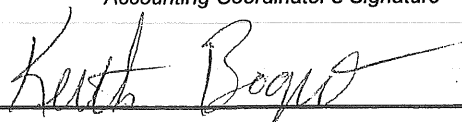
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
 - b. What short and long term commitments is the state making by acceptance of this grant?
 6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
 - a. If indirect costs are not included in the proposal, indicate reason.
 - b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79 %
 - c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
 7. Are indirect costs part of any match? ☒ Yes ☐ No
 8. How many positions are needed to carry out this program? 1.0 New 2.3 Existing
 9. Will the award supply funding of present positions? ☐ Partial ☒ Full ☐ None
 10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
 11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
 - b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
 12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
 - b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
 13. Legal authority to apply for and accept grant.
- 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

1/14/00

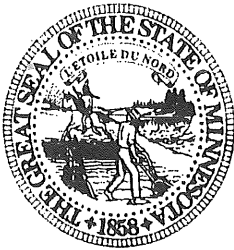
Date



Executive Budget Officer's Signature

1/14/00

Date



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

Policy Note

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Department Name:	MPCA	Type of Grant:
Title of Project/Proposal:	Development of a Multimedia Database for the St. Louis River Area of Concern	<input checked="" type="checkbox"/> New
Federal Catalog Number:	66.469	<input type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):

This request is in the following state:	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?	This award/proposal:
<input checked="" type="checkbox"/> Pre-Application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Start Date: <u>10/1/00</u> End Date: <u>9/30/02</u>
<input type="checkbox"/> Application	If yes, state the page and current budget volume for reference.	Funding Amount: \$ <u>160,000.00</u>
<input type="checkbox"/> Negotiation		Indicate the break-down below:
<input type="checkbox"/> Awarded		FY: <u>01</u> \$ Amt.: <u>100,000</u>
		FY: <u>02</u> \$ Amt.: <u>60,000</u>
		FY: <u> </u> \$ Amt.: <u> </u>
		FTE: <u>0.2</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.
The Great Lakes National Program Office (GLNPO) of the U.S. Environmental Protection Agency (EPA) solicited grant proposals that would address some specific concerns with the Great Lakes. The MPCA had the discretion to apply for these funds and to propose a budget to carry out that proposal.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
The MPCA proposes to work with two nonprofit collaborators to develop a multimedia database for the St. Louis River Area of Concern. The database (in Access) would expand and combine two existing databases, a matching sediment chemistry and toxicity database and a historical inventory database of businesses along the Duluth waterfront, to include the following components: all sediment chemistry, sediment toxicity and bioaccumulation data, benthological data, location of VICs, LUST, CERCLA, and Superfund sites, and geographic locations of current and historical businesses/industries along the waterfront. The database will have links to other water quality (STORET), atmospheric, and fish tissue databases. A user's manual and documentation of the database will be assembled, training on how to use the database will be provided to interested stakeholders, and a copy of the database will be put on the MPCA's Contaminated Sediment web site.
- 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 will tie together the efforts of several sections within the MPCA, especially for the determination of status and trends, comparison of sediment chemistry data to newly developed sediment quality objectives (see grant #GL985604-01), development and tracking of indicators, analysis of environmental data to report to the EPA as part of the Agency's EnPPA requirements, development of a multimedia approach for managing contamination along the Duluth-Superior waterfront, development of a mercury TMDL for the St. Louis River, development of risk assessments, mapping of contaminated sites (pre- and post-remediation), and highlighting data gaps and possible new areas of contamination (based on historical locations of businesses). The database will be used by the MPCA, Cities of Duluth and Superior, MnDNR, WI DNR, USGS, USFWS, environmental groups, businesses, universities, and other public and private stakeholders. The database will be compatible with the EPA's National Sediment Inventory and GLNPO's

sediment database format, which will result in the widespread sharing of sediment data on a regional and national basis.

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	\$ 5,000	Percentage of total grant:	5 %	Hard	_____ %	Soft	_____ 5 %
2nd year	\$ 3,400	Percentage of total grant:	5 %	Hard	_____ %	Soft	_____ 5 %
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 MPCA is making a short-term commitment to fulfill the special conditions of the grant and to meet the required 5 percent state match.

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

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

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

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

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

8. How many positions are needed to carry out this program? _____ New _____ 0.2 Existing

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

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

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

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

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

☒ Yes ☐ No

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

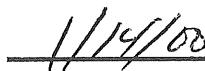
13. Legal authority to apply for and accept grant. M.S. 116.03

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

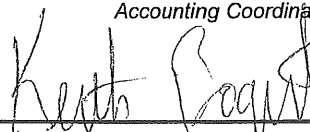
15. Will the program require new rules? ☐ Yes ☒ No



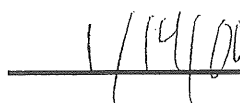
Accounting Coordinator's Signature



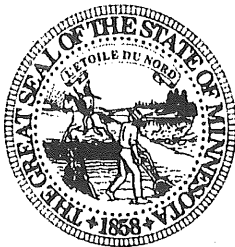
Date



Executive Budget Officer's Signature



Date



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Department Name:	Minnesota Pollution Control Agency	Type of Grant:
Title of Project/Proposal:	Feasibility Study of Sediment Remediation Alternatives for Slip C (Duluth)	<input checked="" type="checkbox"/> New
Federal Catalog Number:	66.469	<input type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):

This request is in the following state:	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?	This award/proposal:
<input checked="" type="checkbox"/> Pre-Application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Start Date: <u>10/01/00</u> End Date: <u>09/30/02</u>
<input type="checkbox"/> Application		Funding Amount: <u>\$125,000 (federal); \$6,600 (state)</u>
<input type="checkbox"/> Negotiation	If yes, state the page and current budget volume for reference.	Indicate the break-down below:
<input type="checkbox"/> Awarded		FY: <u>01</u> \$ Amt.: <u>46,872</u>
		FY: <u>02</u> \$ Amt.: <u>62,496</u>
		FY: <u>03</u> \$ Amt.: <u>15,632</u>
		FTE: <u>.25</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 Great Lakes National Program Office (GLNPO) of the U. S. Environmental Protection Agency (EPA) solicited grant proposals that would address some specific concerns with the Great Lakes. The MPCA had the discretion to apply for these funds and to propose a budget to carry out that proposal.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
The MPCA proposes to conduct a feasibility study of sediment remediation options in Slip C (Duluth) to further the development of remediation options for this site. The Slip is contaminated with moderately high levels of bioaccumulative contaminants. Objectives include: delineate the extent of sediment contaminants in the slip; determine the acute and chronic toxicity of surficial sediments; estimate the volume of sediments; develop a sediment management plan for the site; prepare contracts; develop detailed work plan; collect sediment samples; conduct toxicity tests; analyze samples; develop a hot spot management plan for the slip; and prepare a draft and final manuscript.
- 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.
Contaminant concentrations will be compared to newly developed Sediment Quality Guidelines for the St. Louis River Area of Concern (see grant #GL985604-01). Also, Slip C has been included in four past data collection activities of the MPCA in determining and assessing contamination of the slip.
- 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	\$2,475	Percentage of total grant: 5	%	Hard	%	Soft	5	%
2nd year	\$3,300	Percentage of total grant: 5	%	Hard	%	Soft	5	%
3rd year	\$825	Percentage of total grant: 5	%	Hard	%	Soft	5	%

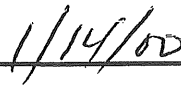
Check here if no match is required. _____

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

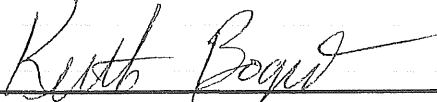
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant? The MPCA is making a short-term commitment to fulfill the special conditions of the grant and to meet the required 5 percent state match.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☒ Yes ☐ No
8. How many positions are needed to carry out this program? _____ New 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 ☒ N/A ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 116.03
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



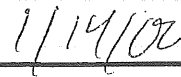
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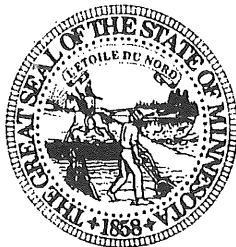
Date



Executive Budget Officer's Signature



Date



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Department Name:	Minnesota Pollution Control Agency	Type of Grant:	<input checked="" type="checkbox"/> New
Title of Project/Proposal:	Feasibility Study of Sediment Remediation Alternatives for 21 st Avenue Area (Duluth)		<input type="checkbox"/> Continuation
Federal Catalog Number:	66.469		<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>10/01/00</u> End Date: <u>09/30/02</u> Funding Amount: <u>\$125,000 (federal); \$6,600 (state)</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>46,872</u> FY: <u>02</u> \$ Amt.: <u>62,496</u> FY: <u>03</u> \$ Amt.: <u>15,632</u> FTE: <u>.25</u>
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The Great Lakes National Program Office (GLNPO) of the U. S. Environmental Protection Agency (EPA) solicited grant proposals that would address some specific concerns with the Great Lakes. The MPCA had the discretion to apply for these funds and to propose a budget to carry out that proposal.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
The MPCA proposes to conduct a feasibility study of sediment remediation options in 21st Avenue Area (Duluth) to further the development of remediation options for this site. The 21st Avenue Area is contaminated with moderately high levels of bioaccumulative contaminants. Objectives include: delineate the extent of sediment contaminants in the 21st Avenue Area; determine the acute and chronic toxicity of surficial sediments; estimate the volume of sediments; develop a sediment management plan for the site; prepare contracts; develop detailed work plan; collect sediment samples; conduct toxicity tests; analyze samples; develop a hot spot management plan for the 21st Avenue Area; and prepare a draft and final manuscript.
- 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.
Contaminant concentrations will be compared to newly developed Sediment Quality Guidelines for the St. Louis River Area of Concern (see grant #GL985604-01).
- 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	\$2,475	Percentage of total grant: 5	%	Hard	%	Soft	5	%
2nd year	\$3,300	Percentage of total grant: 5	%	Hard	%	Soft	5	%
3rd year	\$825	Percentage of total grant: 5	%	Hard	%	Soft	5	%

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

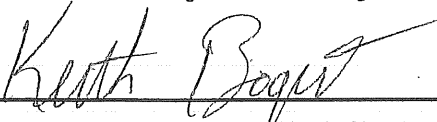
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes.
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant? The MPCA is making a short-term commitment to fulfill the special conditions of the grant and to meet the required 5 percent state match.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☒ Yes ☐ No
8. How many positions are needed to carry out this program? _____ New .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 ☒ N/A ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 116.03
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



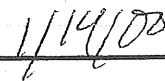
Accounting Coordinator's Signature



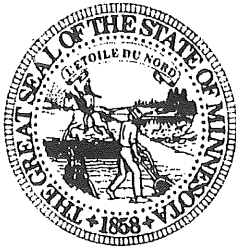
Date



Executive Budget Officer's Signature



Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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

Department Name:	Pollution Control Agency	Type of Grant:
Title of Project/Proposal:	Natural Resource Inventory and Smart Growth Initiative	<input checked="" type="checkbox"/> New
Federal Catalog Number:	66.469	<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>10-01-2000</u> End Date: <u>9-30-2002</u> Funding Amount: <u>\$250,000</u> Indicate the break-down below: FY:2001 <u>\$ Amt.: \$100,000</u> FY:2002 <u>\$ Amt.: \$100,000</u> FY:2003 <u>\$ Amt.: \$50,000</u> FTE: <u>.25</u>
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The U.S. Environmental Protection Agency's (EPA) Great Lakes National Program (GLNPO) solicited grant proposals to address environmental issues common to the Great Lakes. The PCA had the discretion to generate project ideas appropriate to the fund guidance.
- 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 PCA has proposed a project that would promote smart growth strategies and catalogue key natural resources in the western arm of Lake Superior. This project has many purposes. One objective is to provide policy makers with the understanding of how these resources function in natural systems (e.g, watersheds). More importantly, this project provides local units of government with tools that can be used to factor environmental considerations into land use decisions.
- 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 complementary to the state's greenways and smart growth initiatives. This project also supports the agency's stormwater, basin planning, and nonpoint source programs.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	<u>\$2500</u>	Percentage of total grant:	<u>5</u>	%	Hard	<u>5</u>	%	Soft	<u></u>	%
2nd year	<u>\$5000</u>	Percentage of total grant:	<u>5</u>	%	Hard	<u>5</u>	%	Soft	<u></u>	%
3rd year	<u>\$5000</u>	Percentage of total grant:	<u>5</u>	%	Hard	<u>5</u>	%	Soft	<u></u>	%

Check here if no match is required.

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

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

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

The PCA is making a short-term commitment to fulfill the special conditions of the grant and to meet the 5% match requirement.

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

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

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

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

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

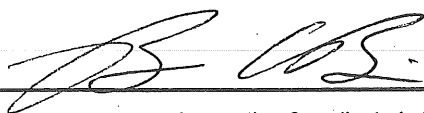
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No

13. Legal authority to apply for and accept grant.

MS. 116.03

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

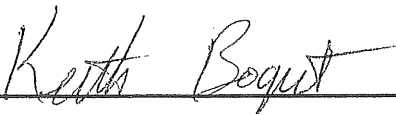
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

1/14/00

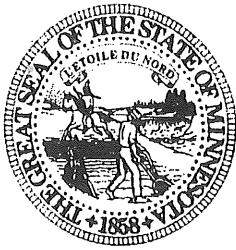
Date



Executive Budget Officer's Signature

1/14/00

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	Type of Grant:
Title of Project/Proposal:	Lake Superior Commitments	<input checked="" type="checkbox"/> New
Federal Catalog Number:	66.469	<input type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):

This request is in the following state:	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?	This award/proposal:
<input checked="" type="checkbox"/> Pre-Application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Start Date: 10/1/00 End Date: 9/31/02
<input type="checkbox"/> Application	If yes, state the page and current budget volume for reference.	Funding Amount: \$ 400,000
<input type="checkbox"/> Negotiation		Indicate the break-down below:
<input type="checkbox"/> Awarded		FY: 2001 \$ Amt.:100,000
		FY: 2002 \$ Amt.:200,000
		FY: 2003 \$ Amt.:100,000
		FTE: 1

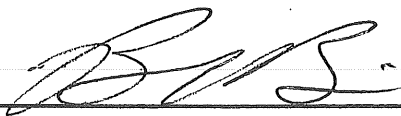
- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
EPA's Great Lakes National Program Office grants are offered yearly. This funding is for contaminated sediment, habitat, pollution prevention, invasive species and emerging issues projects in the Great Lakes. The application process is explained at the following web site: <http://www.epa.gov/glnpo/fund/2000guid/index.html>
- 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.
Each jurisdiction surrounding Lake Superior has agreed to a goal of zero discharge and zero emission of nine toxic chemicals from sources in the watershed as part of the 1991 Binational Program to Restore and Protect Lake Superior. This program is now focusing on implementation of priority strategies identified in the Lake Superior Lakewide Management Plan (LaMP) Stage 3 document. The MPCA committed to roughly forty reduction strategies for mercury, dioxin, PCBs and pesticides, but some of these commitments are contingent on our ability to obtain funding.
- 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.
Many of the MPCA commitments are based on activities that are already occurring, so the LaMP is only participating in (not driving) the actions. For the reduction strategies where there are insufficient resources, we are seeking funding to implement these actions, in some cases with the cooperation of local partners. Potential partners include counties, the Western Lake Superior Sanitary District, Minnesota Power, the University of Minnesota, the Arrowhead Regional Development Commission and others.
- 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	\$100,000	Percentage of total grant:	25%	Hard	%	Soft	5%
2nd year	\$200,000	Percentage of total grant:	50%	Hard	%	Soft	5%
3rd year	\$100,000	Percentage of total grant:	25%	Hard	%	Soft	5%

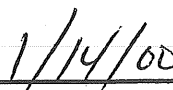
Check here if no match is required. _____

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

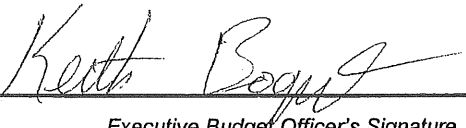
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
Short-term: the MPCA will fulfill the 2-3 year commitments identified in the Lake Superior Lakewide Management Plan (LaMP) Stage 3.
Long-term: the MPCA will work on Minnesota's contribution to the pollution reduction schedules identified in LaMP Stage 2, which extend until 2020.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 27.79 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☒ Yes ☐ No
8. How many positions are needed to carry out this program? .5 _____ New .5 _____ Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant. Minn. Stat. Section 116.03 subd. 3
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



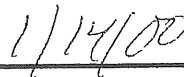
Accounting Coordinator's Signature



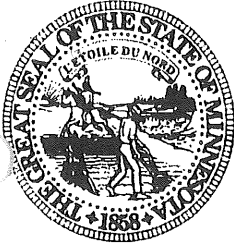
Date



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: Natural Resources		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):															
Title of Project/Proposal: Engangered Species Research - USFWS																	
Federal Catalog Number: 15.615																	
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: 07/01/2000 End Date: 06/30/2001 Funding Amount: \$ 75,000 Increase indicate the break-down below: FY: 2001 \$ Amt.: 75,000 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: 0															
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>The study areas, study design and staffing are left to the discretion of the MN DNR.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>These grants fund research and recovery efforts of various endangered species. Protection planning will incorporate findings. Reports will be submitted to the US Fish and Wildlife Service.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>The Natural Heritage and Nongame research programs of the MN DNR has sole responsibility in the state for research and surveys relating to endangered and candidate animals and plants. The proposed work is an enhancement of ongoing inventory and monitoring work. The info collected will improve our understanding of the status of these species in MN and our ability to participate in their recovery.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$</td><td>Percentage of total grant: _____%</td><td>Hard _____%</td><td>Soft _____%</td></tr><tr><td>2nd year</td><td>\$</td><td>Percentage of total grant: _____%</td><td>Hard _____%</td><td>Soft _____%</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant: _____%</td><td>Hard _____%</td><td>Soft _____%</td></tr></table> <p>Check here if no match is required. <input checked="" type="checkbox"/></p>			1st year	\$	Percentage of total grant: _____%	Hard _____%	Soft _____%	2nd year	\$	Percentage of total grant: _____%	Hard _____%	Soft _____%	3rd year	\$	Percentage of total grant: _____%	Hard _____%	Soft _____%
1st year	\$	Percentage of total grant: _____%	Hard _____%	Soft _____%													
2nd year	\$	Percentage of total grant: _____%	Hard _____%	Soft _____%													
3rd year	\$	Percentage of total grant: _____%	Hard _____%	Soft _____%													

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes.
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
Short term commitment to complete approved projects.
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. 23 %
- 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.
M.S. 84.085
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Peggy A. Belmann

Accounting Coordinator's Signature

January 12, 2000

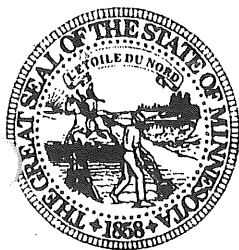
Date

Keith Bogert

Executive Budget Officer's Signature

1-18-00

Date



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

Policy Note

Notice of Application for Federal Grant Assistance

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Department Name: Natural Resources		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):															
Title of Project/Proposal: Statewide Management Plan for Prevention and Control of Nonindigenous Aquatic Nuisance Species																	
Federal Catalog Number: 15.FFA																	
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>07/01/00</u> End Date: <u>06/30/01</u> Funding Amount: \$ <u>50,000</u> indicate the break-down below: FY: <u>2001</u> \$ Amt.: <u>50,000</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: _____															
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>This program was developed consistent with the Federal National Invasive Species Act of 1996 which identifies the components to be included in development of comprehensive interstate aquatic nuisance species management plans. Under that framework, and guidelines from the USFWS, the Department of Natural Resources is developing and submitting a plan specific to Minnesota needs.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>The purpose of the federal grant money is to help implement the Statewide Comprehensive Interstate Management Plan for the Prevention and Control of Aquatic Nuisance Species such as the ruffe, Eurasian watermilfoil, and zebra mussels. The goals of the plan are:</p> <ul style="list-style-type: none">• Prevent introductions of new harmful exotic species into Minnesota• Prevent the spread of harmful exotic species within Minnesota• Reduce the impacts caused by harmful exotic species to Minnesota's ecology, society, and economy <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>This program (plan) compliments the state's existing Harmful Exotic Species Management Program and helps fulfil three statutory requirements found in M.S. 84D.02, subd. 1. Those requirements are: prevent and curb the spread of harmful exotic species, provide for coordination among government entities, and seek federal grants. This project will be administered by the staff of the existing Exotic Species Program. The activities will be coordinated with the other similar activities of the program.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$ 17,000</td><td>Percentage of total grant: <u>25%</u></td><td>Hard <u>100%</u></td><td>Soft _____%</td></tr><tr><td>2nd year</td><td>\$</td><td>Percentage of total grant: _____%</td><td>Hard _____%</td><td>Soft _____%</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant: _____%</td><td>Hard _____%</td><td>Soft _____%</td></tr></table> <p>Check here if no match is required. _____</p>			1st year	\$ 17,000	Percentage of total grant: <u>25%</u>	Hard <u>100%</u>	Soft _____%	2nd year	\$	Percentage of total grant: _____%	Hard _____%	Soft _____%	3rd year	\$	Percentage of total grant: _____%	Hard _____%	Soft _____%
1st year	\$ 17,000	Percentage of total grant: <u>25%</u>	Hard <u>100%</u>	Soft _____%													
2nd year	\$	Percentage of total grant: _____%	Hard _____%	Soft _____%													
3rd year	\$	Percentage of total grant: _____%	Hard _____%	Soft _____%													

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

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

To implement the management plan during the years that federal grants are received. The annual components of the plan will be revised and submitted for federal funds each year.

6. Are indirect costs included in the proposal? X 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. 23 %

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 .5 Existing

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

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

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

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

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

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

13. Legal authority to apply for and accept grant.

Minnesota Statutes 84D.02, Subd. 1: "The commissioner shall seek available federal funding and grants for the program.

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

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

Betsy A. Goleman

Accounting Coordinator's Signature

January 12, 2000

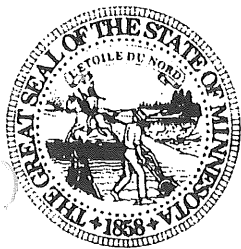
Date

Keith Bogut

Executive Budget Officer's Signature

1-18-00

Date



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

Policy Note

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Department Name: Natural Resources		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):															
Title of Project/Proposal: USGS Geological Analysis Program (GAP)																	
Federal Catalog Number: 15.808																	
This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: <u>7/1/00</u> End Date: <u>6/30/01</u> Funding Amount: <u>\$ 76,000</u> indicate the break-down below: FY: <u>2001</u> \$ Amt.: <u>76,000</u> FY: _____ \$ Amt.: _____ FTE: <u>0</u>															
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>The study design and staffing are left to the discretion of the MN DNR.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>The goal is to prevent additional species from being listed as threatened or endangered by mapping distributions of wildlife species, land cover, and conservation areas, analyzing species habitats, and extending information to the public and to those responsible for land planning, management, and research. Land cover maps, species distribution maps, land stewardship maps, and a final project summary report will be produced. Additionally, this information will help provide critical baseline information for projects such as the Wildlife Species Database Project and various planning efforts such as DNR Forestry's Subsection Forest Resource Management Planning, and Community/Greenways planning.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>This grant application was submitted in coordination with the DNR Division of Forestry, which has received GAP money since 1994. It will allow the Division of Fish and Wildlife to expand on existing efforts (County Biological Survey, Natural Heritage, Waterfowl stamp, etc) to inventory, research and protect endangered, threatened and special concern species as well as game animals by providing additional staff and equipment to develop a detailed look at all wildlife in Minnesota.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$</td><td>Percentage of total grant: <u> </u> %</td><td>Hard <u> </u> %</td><td>Soft <u> </u> %</td></tr><tr><td>2nd year</td><td>\$</td><td>Percentage of total grant: <u> </u> %</td><td>Hard <u> </u> %</td><td>Soft <u> </u> %</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant: <u> </u> %</td><td>Hard <u> </u> %</td><td>Soft <u> </u> %</td></tr></table> <p>Check here if no match is required. <input checked="" type="checkbox"/></p>			1st year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %	2nd year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %	3rd year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %
1st year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %													
2nd year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %													
3rd year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %													

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes.
If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long term commitments is the state making by acceptance of this grant?
Short term commitment to complete approved project.
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. 23 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New 1 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 84.085
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Peggy A. Reelmann

Accounting Coordinator's Signature

January 12, 2000

Date

Kerth Bogart

Executive Budget Officer's Signature

1-18-00

Date

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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Natural Resources		Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): increases to previous estimates																		
Title of Project/Proposal: Lake Superior Coastal Program																				
Federal Catalog Number: 11.419																				
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application(FY 2001) <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded(FY 2000)	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: <u>7/1/00</u> End Date: <u>6/30/01</u> Funding Amount: \$ <u>179,000</u> Indicate the break-down below: FY: <u>00</u> \$ Amt.: <u>52,000</u> increase FY: <u>01</u> \$ Amt.: <u>127,000</u> increase FY: <u> </u> \$ Amt.: <u> </u> FTE: <u>1.0</u>																		
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>Preparation took place within the confines of eligible uses as defined by the Coastal Zone Management Act. Lots of discretion allowed in how funds are appropriated within the program.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>Grant will allow operation of Minnesota's Lake Superior Coastal Program. Program will primarily pass through grants to local units of government, agencies and organizations to do natural resource preservation/conservation and economic development planning and construction projects.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>Coastal Program provides additional resources to DNR-Waters permitting, Trails and Waterways public access, Parks & Recreation, MPCA non-point source pollution efforts, BWSR efforts, Sea Grant educational products, counties, cities and townships comprehensive land use planning, seven district planning needs.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$ <u>17,000</u></td><td>Percentage of total grant:</td><td><u>100</u> %</td><td>Hard <u>100</u> %</td><td>Soft <u> </u> %</td></tr><tr><td>2nd year</td><td>\$ <u>55,217</u></td><td>Percentage of total grant:</td><td><u>43</u> %</td><td>Hard <u>48</u> %</td><td>Soft <u>52</u> %</td></tr><tr><td>3rd year</td><td>\$ <u> </u></td><td>Percentage of total grant:</td><td><u> </u> %</td><td>Hard <u> </u> %</td><td>Soft <u> </u> %</td></tr></table> <p>Check here if no match is required. <u> </u></p> <p>2nd year- part of match will be made by local grant recipients</p>			1st year	\$ <u>17,000</u>	Percentage of total grant:	<u>100</u> %	Hard <u>100</u> %	Soft <u> </u> %	2nd year	\$ <u>55,217</u>	Percentage of total grant:	<u>43</u> %	Hard <u>48</u> %	Soft <u>52</u> %	3rd year	\$ <u> </u>	Percentage of total grant:	<u> </u> %	Hard <u> </u> %	Soft <u> </u> %
1st year	\$ <u>17,000</u>	Percentage of total grant:	<u>100</u> %	Hard <u>100</u> %	Soft <u> </u> %															
2nd year	\$ <u>55,217</u>	Percentage of total grant:	<u>43</u> %	Hard <u>48</u> %	Soft <u>52</u> %															
3rd year	\$ <u> </u>	Percentage of total grant:	<u> </u> %	Hard <u> </u> %	Soft <u> </u> %															

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- Commitments include additional funds to local units of government, agencies and organizations, grants to complete necessary planning efforts for protection and enhancement of the North Shore of Lake Superior.
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. See below %
- For FY 2000 16% due to partial waiver. For FY 2001 34.9% (estimate-based on current 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? 1.0 New 3.0 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.
- MS 84.085
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Peggy A. Aselmann

Accounting Coordinator's Signature

January 12, 2000

Date

Keith Bogert

Executive Budget Officer's Signature

1-18-00

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name:	Natural Resources	Type of Grant:
Title of Project/Proposal:	Land and Water Conservation Fund	<input type="checkbox"/> New
Federal Catalog Number:	15.916	<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.	This award/proposal: Start Date: <u>Spring 2000</u> End Date: <u>Sept. 2004</u> Funding Amount: <u>\$699,654 (tentative)</u> Indicate the break-down below: FY:2000 \$ Amt.: <u>\$349,827</u> FY:2001 \$ Amt.: <u>\$349,827</u> 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.
This is an automatic allocation by Congress to the states. No application is required.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The Land and Water Conservation Fund provides funds to the states on a matching basis. In Minnesota, statutes require that 50% of these funds be distributed to local grants for local parks. The remaining funds are for state park and open space projects.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.
These federal funds are added to state funds provided through the Local Grants Program and are distributed through a common application process. They are also added to existing funding for state parks, etc., though they cannot be used to supplant existing funds. Land and Water funds may not be used for operation or maintenance.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$ <u>349,827</u>	Percentage of total grant: <u>50</u> %	Hard <u>100</u> %	Soft _____ %
2nd year	\$ <u>349,827</u>	Percentage of total grant: <u>50</u> %	Hard <u>100</u> %	Soft _____ %
3rd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %

Check here if no match is required. _____

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

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The state agrees to spend funds on eligible projects to claim reimbursements. It also agrees to allocate funds according to statewide outdoor recreation priorities and to administer grants to local governments according to program requirements.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
a. If indirect costs are not included in the proposal, indicate reason.
Historically, have requested a waiver and will be requesting one for 2000 - 2001.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New 4 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No N/A
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☒ No N/A
13. Legal authority to apply for and accept grant.
MN Statutes 86.71, 86.72 and MS 84.085
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Peggy A. Coleman

Accounting Coordinator's Signature

January 12, 2000

Date

Keith Bogut

Executive Budget Officer's Signature

1-18-00

Date

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

Policy Note
Notice of Application for
Federal Grant Assistance

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<p>Department Name: Natural Resources</p> <p>Title of Project/Proposal: National Dam Safety Program</p> <p>Federal Catalog Number: 83.550</p>		<p>Type of Grant:</p> <p>____ New</p> <p><input checked="" type="checkbox"/> Continuation</p> <p>____ Other (if other, please explain):</p>												
<p>This request is in the following state:</p> <p><input checked="" type="checkbox"/> Pre-Application</p> <p>____ Application</p> <p>____ Negotiation</p> <p>____ Awarded</p>	<p>Has the Legislature approved the expenditure of these funds by review in the biennial budget process?</p> <p>____ <input checked="" type="checkbox"/> No ____ Yes</p> <p>If yes, state the page and current budget volume for reference.</p>	<p>This award/proposal:</p> <p>Start Date: <u>10/00</u> End Date: <u>9/03</u></p> <p>Funding Amount: \$ <u>121,000</u></p> <p>Indicate the break-down below:</p> <p>FY: <u>00</u> \$ Amt.: <u>5,000</u> (awarded)</p> <p>FY: <u>01</u> \$ Amt.: <u>58,000</u></p> <p>FY: <u>02</u> \$ Amt.: <u>58,000</u></p> <p>FTE: <u>1.0</u></p>												
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>This grant may not be used to substitute/displace current state funding. Pass through or overhead charges are limited.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>The goal is to encourage establishment and maintenance of effective State Dam Safety programs.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>It is intended to supplement the existing state program. Of special concern is modernizing the National Inventory of Dams.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table style="width: 100%; border: none;"><tr><td style="width: 25%;">1st year \$ _____</td><td style="width: 25%;">Percentage of total grant: _____ %</td><td style="width: 25%;">Hard _____ %</td><td style="width: 25%;">Soft _____ %</td></tr><tr><td>2nd year \$ _____</td><td>Percentage of total grant: _____ %</td><td>Hard _____ %</td><td>Soft _____ %</td></tr><tr><td>3rd year \$ _____</td><td>Percentage of total grant: _____ %</td><td>Hard _____ %</td><td>Soft _____ %</td></tr></table> <p>Check here if no match is required. <input checked="" type="checkbox"/> _____</p>			1st year \$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %	2nd year \$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %	3rd year \$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %
1st year \$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %											
2nd year \$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %											
3rd year \$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %											

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

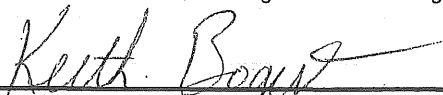
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- The State makes a proposal to achieve the stated goals and will be required to make semi-annual reports.
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. 34.9 %
- As new rates are approved, this will be reflected.
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 1.0 New ☐ Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 84.085
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



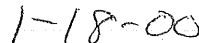
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date

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

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Department Name: Natural Resources		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Flood Mitigation Assistance Program (FMA)		
Federal Catalog Number: 83.536		

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>10/99</u> End Date: <u>9/02</u> Funding Amount: <u>\$409,200</u> Indicate the break-down below: FY: <u>00</u> \$ Amt.: <u>136,400</u> FY: <u>01</u> \$ Amt.: <u>136,400</u> FY: <u>02</u> \$ Amt.: <u>136,400</u> FTE: <u>0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

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

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

This program is designed to assist local governments in funding cost-effective actions that reduce or eliminate the long-term risk of flood damage to buildings, manufactured homes, and other insurable structures. These funds will be granted to communities to implement proposed flood mitigation projects.

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

This program, though different, must work closely with other FEMA-funded and non-FEMA-funded emergency management programs.

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

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

Check here if no match is required. ☒

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- To fulfill the work activities proposed in the FY2000 Cooperative Agreement.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- No salaries or fringe benefits are being paid with these funds.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☒ Yes ☐ No
8. How many positions are needed to carry out this program? _____ 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.
- MS 84.025
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Peggy A. Adelman
558

Accounting Coordinator's Signature

January 12, 2000

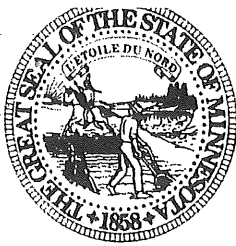
Date

Kerth Boger

Executive Budget Officer's Signature

1-18-00

Date



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400 Centennial Building
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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: Board of Animal Health		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: National Pseudorabies Surveillance Program		
Federal Catalog Number: 10-025 Fed AID #0095270005CA		

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: 10/01/1999 End Date: 09/30/2000 Funding Amount: \$ 382,824 Indicate the break-down below: FY: 2000 \$ Amt.: 382,824 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: _____
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
Dollars used only for this specific program for the specific costs as per the cooperative agreement between the Board of Animal Health and USDA.

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.

Funds will be used for taking blood samples (by Veterinarians) and serological testing (by the University of Minnesota) of swine as part of the National Pseudorabies Surveillance Program in the State of Minnesota.

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 helps to control the Pseudorabies in swine. This is a unique program that needs quick action and also cooperation from USDA/APHIS/VETERINARY SERVICES.

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

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

Check here if no match is required. ☒ x

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

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

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

Commitment to participate in the program until the disease is eradicated from the State of Minnesota

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. 17.33 %

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 9 _____ 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 003 3005 002

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

15. Will the program require new rules? ☐ Yes ☒ No

Barbara A. Goyer

Accounting Coordinator's Signature

12/26/99

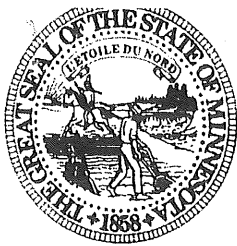
Date

Robert J. Brey

Executive Budget Officer's Signature

1/19/00

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Board of Animal Health		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: National Accelerated Pseudorabies Eradication Program		
Federal Catalog Number: 10-025 Fed AID #0096270026CA		
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: 10/25/1999 End Date: 09/30/2000 Funding Amount: \$ 107,965 Indicate the break-down below: FY: 2000 \$ Amt.: 107,965 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.

Dollars used only for this specific program for the specific costs as per the cooperative agreement between the Board of Animal Health and USDA.

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.

Funds will be used for travel expenses and overtime costs of the cooperator (the Board of Animal Health) while assisting USDA /APHIS / VETERINARY SERVICES personnel with the National Accelerated Pseudorabies Eradication Program.

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 helps to control the Pseudorabies in swine. This is a unique program that needs quick action and also cooperation from USDA/APHIS/VETERINARY SERVICES.

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

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

Check here if no match is required. ☒ x

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

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

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

Commitment to participate in the program until the disease is eradicated from the State of Minnesota

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. 17.33 %

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 9 _____ 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 003 3005 002

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

12/27/99

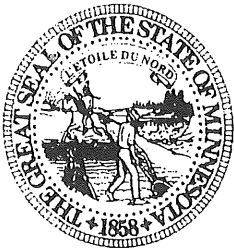
Date



Executive Budget Officer's Signature

1/19/00

Date



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

Policy Note


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Department Name: Department of Agriculture		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																								
Title of Project/Proposal: Training Local Farmer/Farm Service Teams to be Whole Farm Planning Trainers																										
Federal Catalog Number: 10.215																										
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: July 1, 2000 End Date: June 30, 2001 Funding Amount: \$ 68,720 Indicate the break-down below: FY: 2001 \$ Amt.: 68,720 FY: \$ Amt.: FY: \$ Amt.: FTE: NONE																								
<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 North Central SARE (Sustainable Agriculture and Research Education) program of the USDA has discretionary funds available for professional development programs. This is a request by the MDA to the North Central SARE for federal dollars to develop and implement a professional development program on whole farm planning. The Department was given great discretion relating to the preparation of this request.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. This project will train teams of farmers and local agricultural service professionals to be whole farm planners in three regions in MN. Development of teaching aids and a training model will be used by the teams of farmers, CES, NRCS, SWCD and other field personnel in the regions. Trained teams will work with farmers in the regions to demonstrate this integrated farm planning approach, developing and writing whole farm plans. Report and evaluation of the trainings and farm planning efforts will be disseminated to local-state-federal agencies.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The proposed program is in direct correlation to state whole farm planning programs. The MDA is the state lead in whole farm planning and collaborates and cooperates with numerous agencies and organizations on whole farm planning. These federal funds will allow for more professional development of agency staff on working with other professionals and to gain a more in-depth understanding of the concepts of whole farm planning. This project will be managed by the same staff that manages existing MDA whole farm planning efforts.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$</td><td>Percentage of total grant:</td><td>%</td><td>Hard</td><td>%</td><td>Soft</td><td>%</td></tr><tr><td>2nd year</td><td>\$</td><td>Percentage of total grant:</td><td>%</td><td>Hard</td><td>%</td><td>Soft</td><td>%</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant:</td><td>%</td><td>Hard</td><td>%</td><td>Soft</td><td>%</td></tr></table> <p>Check here if no match is required. <input checked="" type="checkbox"/> X</p>			1st year	\$	Percentage of total grant:	%	Hard	%	Soft	%	2nd year	\$	Percentage of total grant:	%	Hard	%	Soft	%	3rd year	\$	Percentage of total grant:	%	Hard	%	Soft	%
1st year	\$	Percentage of total grant:	%	Hard	%	Soft	%																			
2nd year	\$	Percentage of total grant:	%	Hard	%	Soft	%																			
3rd year	\$	Percentage of total grant:	%	Hard	%	Soft	%																			

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

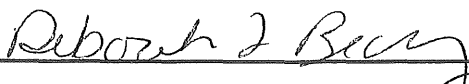
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
NONE
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
The USDA SARE Professional Development Program does not allow indirect costs to be part of the projects they fund. Section G. **Budget** on page 6 of the Call for Proposal states that SARE funds cannot be used 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 .1 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 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

1-14-00

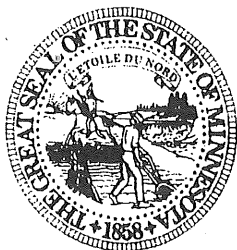
Date



Executive Budget Officer's Signature

1-21-00

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		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Sustaining MN Communities thru Local Meat Production & Marketing		
Federal Catalog Number: CFDA#-66-651		
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: 07/01/00 End Date: 6/30/03 Funding Amount: \$ 75,000 Indicate the break-down below: FY: 01 \$ Amt.: 25,000 FY: 02 \$ Amt.: 25,000 FY: 03 \$ Amt.: 25,000 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 agency has complete latitude to design the workplan and budget. Agency chose to collaborate with MN Beef Council and MN Food Assn. to increase private sector participation.

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 the project is to increase sale of livestock directly to consumers, increasing net producer income and generating community based economic development. Activities include producer education workshops and consumer promotion. Products include educational and promotional materials.

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 was developed and implemented by the same staff who are currently working in the Minnesota Grown program's direct marketing area.

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. The proposed budget is \$121,000; \$75,000 federal grant, \$35,000 MDA cash, and \$11,000 private sector in-kind. State match is spread evenly over 3 years.

Match will be met with existing appropriations.

1st year	\$ 12,000	Percentage of total grant: 16 %	Hard 100 %	Soft %
2nd year	\$ 12,000	Percentage of total grant: 16 %	Hard 100 %	Soft %
3rd year	\$ 11,000	Percentage of total grant: 16 %	Hard 100 %	Soft %

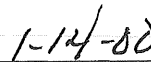
Check here if no match is required. _____

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.
- Anticipate all grant funds to be expensed by contract, with no personnel expenses involved.
- 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.
MS 17.101 subd 10
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



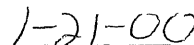
Accounting Coordinator's Signature



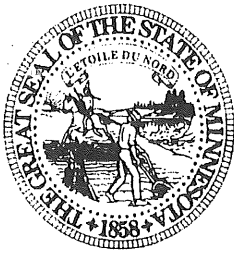
Date



Executive Budget Officer's Signature



Date



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

Policy Note

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Federal Grant Assistance

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Department Name: Department of Agriculture		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Minnesota Small Hive Beetle Survey 2000		
Federal Catalog Number: CFDA # 10.025		

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: 4/1/00 End Date: 9/30/00 Funding Amount: \$ 5,000 Indicate the break-down below: FY: 00 \$ Amt.: 5,000 FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: .05
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The agency has complete discretion in developing the budget and workplan.

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.

Project will assist in determining the current distribution of Small Hive Beetle (SHB) in those areas of Minnesota where eradication was attempted in 1999 and survey the areas of the state where migratory beekeeping activity is highest so honey bee colonies can continue to be shipped to other states without spreading the beetles.

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.

As Minnesota ranks fifth in national honey production, commercial beekeepers send about 40,000 colonies to other states for over wintering and pollination annually. Some states have quarantines against SHB and survey data is needed to allow continued movement of bees from uninfested area. Minnesota beekeepers also need to know if SHB is in their colonies or nearby apiaries so treatment can be applied in a timely manner to prevent colony losses.

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

1st year	\$5,000	Percentage of total grant:	50	%	Hard	_____	%	Soft	100	%
2nd year	\$	Percentage of total grant:	_____	%	Hard	_____	%	Soft	_____	%
3rd year	\$	Percentage of total grant:	_____	%	Hard	_____	%	Soft	_____	%

Check here if no match is required. _____

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long term commitments is the state making by acceptance of this grant? None
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 18.6 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? ☐ New .05 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
Federal funds will cover a portion in relationship to the work provided for in the workplan.
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
If unemployment compensation would be required it would be minimal due to the .05 FTE and would be paid for out of the normal operating budget.
13. Legal authority to apply for and accept grant.
MS 17.101 subd 10
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Rm Lochner

Accounting Coordinator's Signature

1-14-00

Date

Reborah 2 Brady

Executive Budget Officer's Signature

1-21-00

Date



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

Policy Note

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Department Name: Agriculture		Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): EPA Discretionary Funding
Title of Project/Proposal: Integrated Pest Management		
Federal Catalog Number: 66-700		
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. (PCA Budget)	This award/proposal: Start Date: When awarded End Date: 9-30-00 Funding Amount: \$28,000 Indicate the break-down below: FY: 2000 \$ Amt.: 12,000 FY: 2001 \$ Amt.: 16,000 FY: _____ \$ Amt.: _____ FTE: 0.1 Student/worker - Intern

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 USEPA has discretionary dollars available relating to pesticide program areas. This is a request by the MDA to the USEPA for federal dollars to work on Integrated Pest Management in schools. The Department was given great discretion relating to the preparation of this request.

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 is a discretionary fund request to the USEPA under the present F.Y. 2000 Pesticide Cooperative Agreement Application which provides federal dollars for a wide range of pesticide regulatory activities. The goals and objectives are to work with schools in MN relating to IPM activities. A report will be written.

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 program is in direct correlation to existing state pesticide programs. The MDA already licenses pesticide applicators and promotes IPM. If approved, these federal dollars will allow for more in-depth IPM activities in schools.

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

Match will be met with existing appropriations.

1st year	\$4200.00	Percentage of total grant: 15%	Hard <input type="checkbox"/> %	Soft <input checked="" type="checkbox"/> 15%
2nd year	\$ _____	Percentage of total grant: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %
3rd year	\$ _____	Percentage of total grant: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %

Check here if no match is required. _____

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
NONE
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 18.60 %
- 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? 0.1 FTE 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

1-14-00

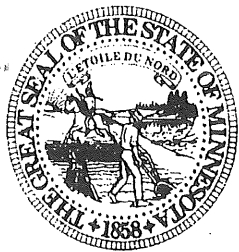
Date



Executive Budget Officer's Signature

1-21-00

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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

Department Name: Department of Agriculture Title of Project/Proposal: Integration of Biorational Strategies for Managing Lepidopteran Pests Federal Catalog Number: of Minnesota Apples CFDA # 66-700		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. Page	This award/proposal: Start Date: <u>5/15/2000</u> End Date: <u>5/14/2002</u> Funding Amount: \$ <u>81,400</u> Indicate the break-down below: FY: <u>01</u> \$ Amt.: <u>43,200</u> FY: <u>02</u> \$ Amt.: <u>38,200</u> FY: _____ \$ Amt.: _____ FTE: <u>1.0</u> 3 part-time interns															
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>This is a request by the MDA to the USDA, cooperative State Research, Education and Extension Service for federal dollars to work on the Integration of Biorational Strategies for Managing Lepidopteran Pests. The Department was given great discretion relating to the preparation of this request.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities, which will take place and any products (reports, plans, etc.), which will result from the program.</p> <p>The goal is to develop a cost-effective and environmentally sound alternative control strategies for major pests of apples in Minnesota, thus limiting pesticide usage in orchards. Specific objectives are:</p> <ol style="list-style-type: none">1. To test the effect of augmentative releases of the parasitoids on suppression of apple pests.2. To evaluate the efficacy of pheromone mating disruption for suppression of apple pests.3. Determine the efficacy and cost-effectiveness of both techniques. <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>The proposed research is the first coordinated attempt to evaluate alternative pest management strategies for fruit pest in Minnesota. Recent cancellations of important pesticides available to the fruit industry have created the dire need for alternative pest management. The research will be coordinated by the Biological control program and will involve collaboration with the university community and Minnesota apple growers.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$ _____</td><td>Percentage of total grant: _____%</td><td>Hard _____%</td><td>Soft _____%</td></tr><tr><td>2nd year</td><td>\$ _____</td><td>Percentage of total grant: _____%</td><td>Hard _____%</td><td>Soft _____%</td></tr><tr><td>3rd year</td><td>\$ _____</td><td>Percentage of total grant: _____%</td><td>Hard _____%</td><td>Soft _____%</td></tr></table> <p>Check here if no match is required. <input checked="" type="checkbox"/></p>			1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%	2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%	3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%
1st year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%													
2nd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%													
3rd year	\$ _____	Percentage of total grant: _____%	Hard _____%	Soft _____%													

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long-term commitments is the state making by acceptance of this grant?
NONE
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
a. If indirect costs are not included in the proposal, indicate reason.
Indirect costs are unallowable costs under the Smith-Lever funded projects.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ 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: because workers are part-time interns.
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 004 07 003
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

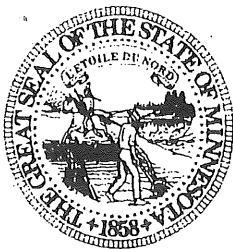
Date



Executive Budget Officer's Signature

1-21-00

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Minnesota Dept of Agriculture Title of Project/Proposal: Agricultural and Rural Water Management: On-Farm Demonstrations Federal Catalog Number:		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input checked="" type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: <u>FY 2001</u> End Date: <u>FY 2003</u> Funding Amount: \$ _____ Indicate the break-down below: FY:2001 <u> </u> \$ Amt.: 90,000 FY:2002 <u> </u> \$ Amt.: 60,000 FY:2003 <u> </u> \$ Amt.: 50,000 FTE: <u>.33</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. As a staff member of the Mn Dept of Agriculture-Marketing and Development Division, we are given strong support and considerable latitude with the Minnesota Pollution Control Agency's effort addressing agricultural nonpoint source pollution (runoff from farmfields and farmyards).
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.

Innovative practices for water management identified at research and outreach centers will be constructed, designed and implemented on 4 farms in the regions near the centers.
Producers and other ag-professionals will demonstrate the impact on water quality, water storage and related water flows in regard to agricultural production and related drainage practices.
Educational demonstration materials, workshops, and programs will be developed based on current information and on-going research. Education materials and programs will address the impact of agricultural drainage and promote practices that protect water quality, increase water storage and enhance agricultural production.
Development of educational and presentation materials will be available through appropriate agency, industry or university websites.
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

Currently there have been no on-farm research and demonstration of drainage practices identified in this project. We are coordinating with UofM and many other partners. Partners include commodity groups, farm organizations, state, local and federal agencies, and private organizations or businesses.

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

Match will be met with existing in-kind resources.

1st year	\$90,000	Percentage of total grant: 45	%	Hard	%	Soft	100	%
2nd year	\$60,000	Percentage of total grant: 30	%	Hard	%	Soft	100	%
3rd year	\$50,000	Percentage of total grant: 25	%	Hard	%	Soft	100	%

Check here if no match is required. _____

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long-term commitments is the state making by acceptance of this grant? none
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 18.6 %
- 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? .33FTE 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

Rm Lochner

Accounting Coordinator's Signature

1-14-00

Date

Dibab B. B. B.

Executive Budget Officer's Signature

1-25-00

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Housing Finance Agency		Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): This grant is a set-aside of economic development grant funds within the FFY 2000 HUD appropriation.															
Title of Project/Proposal: Preservation of Federally-subsidized Housing Federal Catalog Number: 14.246																	
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: 3/1/00 End Date: 12/31/00 Funding Amount: \$ 700,000 FTE: .25 FY00 - 500.0 FY01 - 200.0															
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>No application has been submitted. H.R.2684, signed into law by the President on October 20, 1999, appropriates \$700,000 to the Minnesota Housing Finance Agency. HUD has not yet disclosed an application process.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>The grant will be used to achieve the goals specified in the conference report "...for the preservation of federally assisted low-income housing at risk of being lost as affordable housing."</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. Given the language of the appropriation, we assume that additional federal requirements will be minimal and that the program will be permitted to operate in a manner that is substantively identical to the preservation set-aside within MHFA's Affordable Rental Investment Fund Program (ARIF). Certain federal administrative requirements may apply, but the purpose of the program and substantive*</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <p style="text-align: center;">N/A</p> <table><tr><td>1st year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>2nd year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr></table> <p>Check here if no match is required. ____</p>			1st year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%	2nd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%	3rd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%
1st year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%													
2nd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%													
3rd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%													

*3. procedures are expected to be the same as ARIF.

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? There are none specified in the appropriation. However, MHFA would insist that, at a minimum, owners of housing assisted with grant funds agree to continue to accept federal housing assistance for as long as it is offered.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
Indirect costs would be minimal.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
N/A
- 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 .25 Existing Under CDBG rules, a portion of the award may be used to pay the salary expenses of administering the
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None program.
- The award will pay for all the staff costs to administer this appropriation.
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
- No new positions are required.
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 Since work will be performed by existing staff, no layoffs will occur when funding is discontinued.
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
462A.05, subd. 6, Accepting funds; subd. 7, Contractual instruments; subd. 11, Federal housing assistance supplements; 462A.06, subd. 6, Transactions.
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Patricia Hippa

Accounting Coordinator's Signature

Stewart McMillan

Executive Budget Officer's Signature

1-10-00

Date

1/18/00

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Veterans Affairs	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: State Veterans Cemetery-2000	
Federal Catalog Number: 64.203	

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>7/1/2000</u> End Date: <u>6/30/2002</u> Funding Amount: <u>\$2.5 million</u> Indicate the break-down below: FY: <u>2001</u> \$ Amt.: <u>1.25 million</u> FY: <u>2002</u> \$ Amt.: <u>1.25 million</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.
The legislature mandated the original grant application. Funding provided was not sufficient for total development of the property.

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 accordance with our recently completed master plan, the department would like to maximize new federal grant provisions of 100% funding for development of property and construction of new roadways, facilities (committal shelter, columbaria, public information center, honor guard). Site work would include grading, plantings, underground storm water drainage, and automated irrigation. No reports, plans will result from this program.

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

This is a continuation of a previous grant project. No other agencies and units of government involved. No disruption will take place within current grave site area.

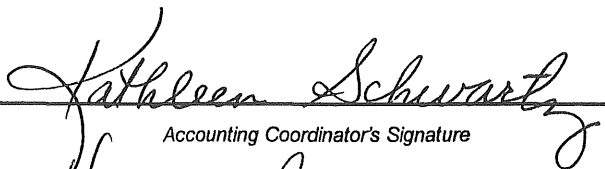
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

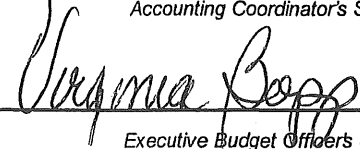
1st year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %
2nd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %
3rd year	\$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %

Check here if no match is required. ☒

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The state has already committed to the operation and maintenance of the MN State Veterans Cemetery. Failure to accept the grant will result in higher operation costs because of the need to further develop the property. Need buildings to conform with Title II of ADA manual.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
Construction and Development Grant 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 (No Match)
8. How many positions are needed to carry out this program? 0 New 3 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.

MN Statute 197.236subd.6
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

1/14/2000
Date

1/18/2000
Date

This is from
the Federal Catalog

:010 64.203 State Cemetery Grants

:030 FEDERAL AGENCY: NATIONAL CEMETERY ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS

:040 AUTHORIZATION: Veterans Housing Benefits Act of 1978, Section 202, Public Laws 95-476, 98-223, 100-687, 103-446, and 105-368; 38 U.S.C. 2408.

:050 OBJECTIVES: To assist States in the establishment, expansion, and improvement of veterans' cemeteries.

:060 TYPES OF ASSISTANCE: Project Grants.

:070 USES AND USE RESTRICTIONS: Monetary assistance is provided under this program to construct, expand, and improve State veterans' cemeteries. Cemeteries must be State-owned and operated solely for the interment of eligible veterans and their dependents and/or spouses. Construction cost means the amount found necessary to convert a tract of land to an operational cemetery.

:080 ELIGIBILITY REQUIREMENTS:

:081 Applicant Eligibility: Any State may apply.

:082 Beneficiary Eligibility: While the cemetery must be used solely for the interment of veterans, their wives, husbands, surviving spouses, minor children, and unmarried adult children who were physically or mentally disabled and incapable of self support: States may impose eligibility requirements for burial more stringent than those cited in section 1.620 of 38 CFR. For example, a State can require that veterans have honorable discharges, wartime service, or residency in the State.

:083 Credentials/Documentation: Costs will be determined in accordance with revised OMB Circular No. A-87 for State Governments, dated May 4, 1995, and further amended August 29, 1997.

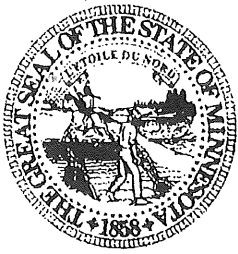
:090 APPLICATION AND AWARD PROCESS:

:091 Preapplication Coordination: Consultation or assistance is available from VA Central Office personnel (State Cemetery Grants Service) to aid in the preparation of an application. The standard application forms as furnished by VA and required by OMB Circular No. A-102 must be used for this program (Standard Form 424, "Application for Federal Assistance," with attachments). An environmental impact assessment is required. This program is eligible for coverage under E.O. 12372, "Intergovernmental Review of Federal Programs." An applicant should consult the office or official designated as the single point of contact in his or her State for more information on the process the State requires to be followed in applying for assistance, if the State has selected the program for review.

:092 Application Procedure: Submit Standard Form 424, "Application for Federal Assistance for Construction Programs," with attachments, to the Director, State Cemetery Grants Service (401C), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420. This program is excluded from coverage under OMB Circular No. A-110.

:093 Award Procedure: Formal notification of the award to the State is made by the Under Secretary for Memorial Affairs, National Cemetery Administration.

:094 Deadlines: A deadline of July 1 is established for the filing of



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

Policy Note

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Department Name:	Office of Strategic and Long Range Planning	Type of Grant:
Title of Project/Proposal:	State Justice Statistics Program	<input type="checkbox"/> New
Federal Catalog Number:	For Statistical Analysis Center 16-550	<input checked="" type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):

This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: <u>1/1/00</u> End Date: <u>6/30/01</u> Funding Amount: \$ <u>50,000.00</u> Indicate the break-down below: FY: <u>00</u> \$ Amt.: <u>50,000.00</u> FY: <u> </u> \$ Amt.: <u> </u> FY: <u> </u> \$ Amt.: <u> </u> FTE: <u>1.00</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

Discretion in all areas including administration, staffing and program selection.

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.

Grant will fund project designed to improve the ability to collect, analyze and interpret data on criminal justice issues that affect Minnesota, other states and the federal government. Project components include streamlining the transfer of criminal justice data among agencies; establishing a compatible database management system for criminal justice data; and developing process for an interactive, web-based query system allowing for user-customized reports and maps.

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

Program continues existing agency activity, but provides new links with other state agencies and local government. Advisory committee for project includes other agencies and local representatives; survey identifies what their prioritized needs include.

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

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

Check here if no match is required. ☒

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

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

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

Short Term: To collect, analyze, and interpret data on justice issues relevant to Minnesota; provide a mechanism that supports the collection and sharing of vital justice system data among states and between states and federal government.

Long Term: None

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

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

All cost of this activity are paid from the funds available. The OSLRP does no longer includes indirect cost in federal fund proposals.

- 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 1.00 Existing

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

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

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

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

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

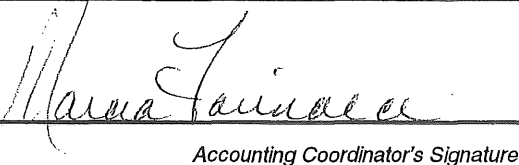
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No

13. Legal authority to apply for and accept grant.

M.S. 4A.04

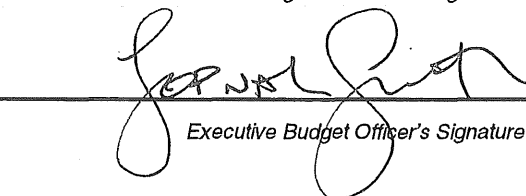
14. Will the program involve a change in existing rules? ☐ Yes ☒ No

15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

Date

1-18-00


Executive Budget Officer's Signature

Date

1-18-00



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

Policy Note

Notice of Application for Federal Grant Assistance


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

<p>Department Name: <u>Transportation</u></p> <p>Title of Project/Proposal: <u>Corridor Planning Study</u> <u>(Hwy 53 - Virginia to International Falls)</u></p> <p>Federal Catalog Number: <u>20.205</u></p>		<p>Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): <u>Increase to approved, existing grant.</u></p>												
<p>This request is in the following state:</p> <p><input type="checkbox"/> Pre-Application</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Negotiation</p> <p><input checked="" type="checkbox"/> Awarded</p>	<p>Has the Legislature approved the expenditure of these funds by review in the biennial budget process?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, state the page and current budget volume for reference.</p>	<p>This award/proposal:</p> <p>Start Date: <u>9/99</u> End Date: <u>7/01</u></p> <p>Funding Amount: \$ <u>200,000</u></p> <p>Indicate the break-down below:</p> <p>FY: <u>2000</u> \$ Amt.: <u>(previously approved)</u></p> <p>FY: <u>2001</u> \$ Amt.: <u>200,000</u></p> <p>FY: _____ \$ Amt.: _____</p> <p>FTE: <u>.5</u></p>												
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Any project meeting the requirements of the National Corridor Planning and Development Program was eligible based on an application.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. Grant will be used to fund feasibility study and environmental review (scoping and EIS) of U.S. Highway 53 from Virginia, MN to International Falls.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. New federal program under TEA-21 that supplements original estimate of federal funds.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table style="width: 100%; border: none;"><tr><td style="width: 30%;">1st year \$ <u>approved</u></td><td style="width: 30%;">Percentage of total grant: <u>15</u> %</td><td style="width: 20%;">Hard <u>10</u> %</td><td style="width: 20%;">Soft <u>0</u> %</td></tr><tr><td>2nd year \$ <u>50,000</u></td><td>Percentage of total grant: <u>10</u> %</td><td>Hard <u>10</u> %</td><td>Soft <u>0</u> %</td></tr><tr><td>3rd year \$ _____</td><td>Percentage of total grant: _____ %</td><td>Hard _____ %</td><td>Soft _____ %</td></tr></table> <p>Check here if no match is required. _____</p>			1st year \$ <u>approved</u>	Percentage of total grant: <u>15</u> %	Hard <u>10</u> %	Soft <u>0</u> %	2nd year \$ <u>50,000</u>	Percentage of total grant: <u>10</u> %	Hard <u>10</u> %	Soft <u>0</u> %	3rd year \$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %
1st year \$ <u>approved</u>	Percentage of total grant: <u>15</u> %	Hard <u>10</u> %	Soft <u>0</u> %											
2nd year \$ <u>50,000</u>	Percentage of total grant: <u>10</u> %	Hard <u>10</u> %	Soft <u>0</u> %											
3rd year \$ _____	Percentage of total grant: _____ %	Hard _____ %	Soft _____ %											

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- Short term: provide 20% match and complete project.
Long term: None
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- FHWA does not participate in 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 0.5 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 4.07 gives Commissioner of Transportation authority to accept federal funds.
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

1/6/00
Date


Executive Budget Officer's Signature

1/16/99
Date



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


Policy Note

Notice of Application for Federal Grant Assistance


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

<p>Department Name: <u>Transportation</u></p> <p>Title of Project/Proposal: <u>Intelligent Vehicle Initiative (IVI) Field Operational Test Program</u></p> <p>Federal Catalog Number: <u>20.205</u></p>		<p>Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): <u>Approval of out years of previously approved grant</u></p>																				
<p>This request is in the following state:</p> <p><input type="checkbox"/> Pre-Application</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Negotiation</p> <p><input checked="" type="checkbox"/> Awarded</p>	<p>Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, state the page and current budget volume for reference.</p>	<p>This award/proposal:</p> <p>Start Date: <u>9/99</u> End Date: <u>9/02</u></p> <p>Funding Amount: <u>\$ 225,000</u></p> <p>Indicate the break-down below:</p> <p style="text-align: right;">(previously approved)</p> <p>FY: <u>2000</u> \$ Amt.: <u>approved</u></p> <p>FY: <u>2001</u> \$ Amt.: <u>100,000</u></p> <p>FY: <u>2002</u> \$ Amt.: <u>100,000</u></p> <p>FY: <u>2003</u> <u>25,000</u></p> <p>FTE: <u>-0-</u></p>																				
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>Full discretion within the scope of the federal RFA.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>This project will test and evaluate new technologies to assist drivers of snowplows, police vehicles and ambulances to perform safer and more efficiently in extremely low visibility conditions such as heavy and blowing snow. Four snowplows, one MSP squad car and one Hutchinson City Ambulance</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>Mn/DOT owns and operates about 800 snowplows statewide. The technologies, after successful testing, are anticipated to become standard snowplow equipment to reduce winter crashes and reduce road closures during and after severe weather. This project is an outgrowth of</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table style="width: 100%; border: none;"><tr><td style="width: 20%;">1st year</td><td style="width: 20%;">\$ <u>approved</u></td><td style="width: 20%;">Percentage of total grant: <u>7</u> %</td><td style="width: 20%;">Hard <u>100</u> %</td><td style="width: 20%;">Soft <u> </u> %</td></tr><tr><td>2nd year</td><td>\$ <u>20,000</u></td><td>Percentage of total grant: <u>6</u> %</td><td>Hard <u>100</u> %</td><td>Soft <u> </u> %</td></tr><tr><td>3rd year</td><td>\$ <u>20,000</u></td><td>Percentage of total grant: <u>6</u> %</td><td>Hard <u>100</u> %</td><td>Soft <u> </u> %</td></tr><tr><td>4th year</td><td>\$ <u>5,000</u></td><td><u>1</u> %</td><td><u>100</u> %</td><td></td></tr></table> <p>Check here if no match is required. <u> </u></p>			1st year	\$ <u>approved</u>	Percentage of total grant: <u>7</u> %	Hard <u>100</u> %	Soft <u> </u> %	2nd year	\$ <u>20,000</u>	Percentage of total grant: <u>6</u> %	Hard <u>100</u> %	Soft <u> </u> %	3rd year	\$ <u>20,000</u>	Percentage of total grant: <u>6</u> %	Hard <u>100</u> %	Soft <u> </u> %	4th year	\$ <u>5,000</u>	<u>1</u> %	<u>100</u> %	
1st year	\$ <u>approved</u>	Percentage of total grant: <u>7</u> %	Hard <u>100</u> %	Soft <u> </u> %																		
2nd year	\$ <u>20,000</u>	Percentage of total grant: <u>6</u> %	Hard <u>100</u> %	Soft <u> </u> %																		
3rd year	\$ <u>20,000</u>	Percentage of total grant: <u>6</u> %	Hard <u>100</u> %	Soft <u> </u> %																		
4th year	\$ <u>5,000</u>	<u>1</u> %	<u>100</u> %																			

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: complete the tasks in the cooperative agreement and provide project management.
Long-term: None
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
FHWA does not participate in 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 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 N.A.
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
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

1/6/00
Date


Executive Budget Officer's Signature

1/13/00
Date

Policy Note

Notice of Application for
Federal Grant Assistance

Continuation Form

Intelligent Vehicle Initiative (IVI) Field
Operational Test Program Project

2. will be equipped with these technologies. Final products will include reports documenting technical system requirements, detailed design, technical performance validation, and the results of an intensive operational test. Data will be collected to support an FHWA evaluation of the potential benefits of these technologies.
3. Intelligent Transportation System (ITS) research and testing over the past couple of years with the University of Minnesota, 3M, Altra and others. A steering committee has been established to coordinate all snowplow development and testing projects.



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

Policy Note

Notice of Application for Federal Grant Assistance


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Department Name: <u>Transportation</u>	Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): <u>Approval of out years on previously approved grant</u>
Title of Project/Proposal: <u>Minnesota Value Pricing Study</u>	
Federal Catalog Number: <u>20.205</u>	

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>12/99</u> End Date: <u>12/02</u> Funding Amount: <u>\$557,000</u> Indicate the break-down below: FY: <u>2000</u> \$ Amt.: <u>(previously approved)</u> FY: <u>2001</u> \$ Amt.: <u>295,000</u> FY: <u>2002</u> \$ Amt.: <u>215,000</u> FY <u>2003</u> <u>47,000</u> FTE: <u>-0-</u>
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
Mn/DOT was granted full discretion in the administration and staffing of this value pricing project. Elements of the project were negotiated with FHWA to gain greatest benefit to state and federal interests.
- 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 federal grant will be to study road and parking pricing (market-based solutions) as a means to manage demand on the urban highway system. Goals of the project are to: secure commitment
- 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 work is integrally tied to other work currently on-going such as the Transportation and Regional Growth Study, the Regional Transportation System Plan in the Metro Division and the Regional Transportation Policy
- 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.
(previously approved)
1st year \$ approved Percentage of total grant: 6 % Hard 100 % Soft %
2nd year \$ 73,900 Percentage of total grant: 8 % Hard 100 % Soft %
3rd year \$ 53,700 Percentage of total grant: 5 % Hard 100 % Soft %
4th year \$ 11,750 1 % 100 %
Check here if no match is required.

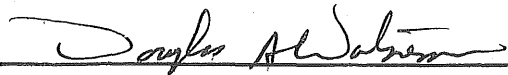
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
Short term: to complete the study.
Long term: None
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
FHWA does not participate in 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 1.0 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 N.A.
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
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

1/6/00

Date



Executive Budget Officer's Signature

1/13/00

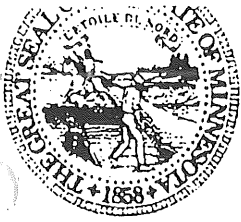
Date

Policy Note
Notice of Application for
Federal Grant Assistance

Continuation Form

MN Value Pricing Study Project

2. of regional and state officials to concept of pricing; conduct analysis of market-based alternatives; recommend pricing and demand management strategies that work in concert; conduct regional and national outreach. Reports to be produced include: Cross-case Synthesis; Pricing Alternative Analysis; Pricing Strategic Issue Papers, Regional Strategic Plan; Pricing and Land Use Impacts.
3. Plan at the Met Council. This work will be closely coordinated with these research and planning activities through ATF and through oversight committees.



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: Transportation		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):	
Title of Project/Proposal: Corrugated Polyethylene Pipe Study			
Federal Catalog Number: 20.205			

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: 3/1/00 End Date: 12/31/00 Funding Amount: \$ 290,000 FTE: 0 FY2001--\$190,000 FY 2000--\$100,000	

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 project was conceived by the Mn/DOT Bridge Office. Funding was requested and granted under the FHWA Innovative Bridge Construction Research (IBRC) 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.

The grant has been awarded. The purpose of the project is to conduct a research program to study corrugated polyethylene pipe subjected to live "truck" loads. The objective of the study is to provide information necessary for design of large diameter plastic pipe on roadways.

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 FHWA IBRC Program is part of the Tea-21 Federal Transportation Act passed by Congress. The program encourages the use of innovative materials in transportation projects.

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

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

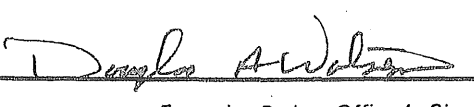
Check here if no match is required. ☒

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

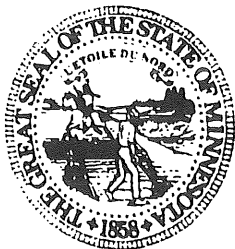
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long term commitments is the state making by acceptance of this grant?
Short term: Construct and monitor a test section at the Mn/ROAD site near Monticello, MN.
Long term: None
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
FHWA does not normally participate in 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 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.
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

1/12/00
Date


Executive Budget Officer's Signature

1/18/00
Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Transportation	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Twin Cities-Transitways Project	
Federal Catalog Number: 20.507	

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>4/1/2000</u> End Date: <u>3/31/2003</u> Funding Amount: \$ <u>2,977,500</u> Indicate the break-down below. FY: <u>2000</u> \$ Amt.: <u>1,600,000</u> FY: <u>2001</u> \$ Amt.: <u>800,000</u> FY: <u>2002-3</u> \$ Amt.: <u>577,500</u> FTE: <u>0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

SEE ATTACHED

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

SEE ATTACHED

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

SEE ATTACHED

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

20% state & local match

1st year	\$ <u>400,000</u>	Percentage of total grant: <u>20</u> %	Hard <u> </u> %	Soft <u>100</u> %
2nd year	\$ <u>200,000</u>	Percentage of total grant: <u>20</u> %	Hard <u> </u> %	Soft <u>100</u> %
3rd year	\$ <u>144,376</u>	Percentage of total grant: <u>20</u> %	Hard <u> </u> %	Soft <u>100</u> %


Check here if no match is required.

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- Financially the commitments will be the responsibility of the counties
(Ramsey, Hennepin and Washington).
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 awarded to the counties as a 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 N/A
8. How many positions are needed to carry out this program? 0 New _____ Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No N/A
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off? N/A
☐ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
MS. 407
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

1/18/00
Date


Executive Budget Officer's Signature

1-20-00
Date

Policy Note Attachment:
Twin Cities - Transitways Projects

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 of program selection area.

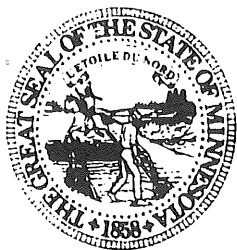
We have no discretion in the application for federal assistance, as the federal funds are specifically earmarked by Congress for the Twin Cities Transitways project. The transitway corridors are located in: Ramsey, Hennepin, and Washington Counties. Funding will flow through to the counties and Mn/DOT will monitor the status of their activities through the documentation submitted by the counties.

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

The purpose of the proposed grant is to provide funding for the development and construction of the transitway corridors; and for planning, analysis and engineering. The goals and objectives are to improve transit speed, reliability, and access; to provide higher density development, faster redevelopment of transit-oriented neighborhoods; and alleviate congestion through greatly improved transit service throughout the core of the region. The ultimate goal is to encourage behavioral and land use changes that result in fewer vehicle trips and an enhanced quality of life. The activities which will take place are: planning, analysis and engineering. These activities will be documented by the counties and submitted to Mn/DOT.

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.

Over the years a variety of transit alternatives for the Twin Cities area were studied. Recently, however, planning activities have focused on a proposed series of transitways which have received wide support. The Riverview Transitway is currently undergoing a major investment study in Ramsey County which is expected to be concluded in spring 2000. At the conclusion, a report that summarizes the conceptual analysis of the alternatives will be prepared. After final review of the report, selection of locally preferred alternative(s) will be determined and transitway planning will be implemented. The Northstar Transitway project continues a focus on reducing roadway congestion and improving transit service in the Northstar Corridor of Anoka and Hennepin counties. The Transitway study will follow ten years of planning and engineering work on fixed-guideway (LRT) transit in the Northstar Corridor and is one of three priority corridors named by the Met Council as the region's priority corridor for major transit investments. The Rush Line is in the initial stages of development.



Department of Finance
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Policy Note

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Department Name: Transportation	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Greater MN Transit Authorities	
Federal Catalog Number: 20.507	

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>4/1/2000</u> End Date: <u>3/31/2003</u> Funding Amount: \$ <u>496,258</u> Indicate the break-down below: FY: <u>2000</u> \$ Amt.: <u>100,000</u> FY: <u>2001</u> \$ Amt.: <u>200,000</u> FY: <u>2002-3</u> \$ Amt.: <u>196,258</u> FTE: <u>0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

SEE ATTACHED

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

SEE ATTACHED

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

SEE ATTACHED

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

20% state & local match


1st year	\$ <u>25,000</u>	Percentage of total grant: <u>20</u> %	Hard <u>100</u> %	Soft <u> </u> %
2nd year	\$ <u>50,000</u>	Percentage of total grant: <u>20</u> %	Hard <u>100</u> %	Soft <u> </u> %
3rd year	\$ <u>49,064</u>	Percentage of total grant: <u>20</u> %	Hard <u>100</u> %	Soft <u> </u> %

Check here if no match is required.

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
Financially, the commitments will be the responsibility of the cities
(Duluth, Rochester, Mankato and St. Cloud)
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.

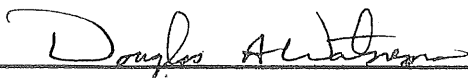
Funds will be awarded to the cities as a grant
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☐ No N/A
8. How many positions are needed to carry out this program? ☐ 0 ☐ New ☐ Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No N/A
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off? N/A
☐ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
MS. 407
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

Policy Note Attachment:
Greater Minnesota Transit Authorities

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 of program selection area.

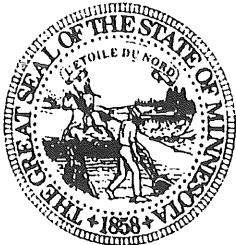
We have no discretion in the application for federal assistance, as the federal funds are specifically earmarked by Congress for transit vehicles and facilities in the Cities of: Duluth, Mankato, Rochester, and St. Cloud. Funding will flow through to the cities and Mn/DOT will monitor the status of their activities through the documentation submitted by the counties.

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

The purpose of the proposed grant is to provide supplemental capital funding for the Cities of: Duluth, Mankato, Rochester, and St. Cloud for vehicles and facilities. The goals and objectives are to continue to provide dependable transit services to customers. Activities will include: purchasing replacement vehicles and constructing 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.

Currently, the cities receive state, federal and local funds for capital and operating assistance. Because of the shortage of capital funds, vehicle replacements have been seriously delayed as well as delays in facility improvements needs. These supplemental federal funds will allow the cities to meet some of their unmet vehicle replacement and facility needs.



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

Policy Note

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Department Name: Public Safety / Traffic Safety	Type of Grant:
Title of Project/Proposal: Crash Outcome Data Evaluation Systems – (C.O.D.E.S.)	<input type="checkbox"/> New
Federal Catalog Number: 20.600	<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.	This award/proposal: Start Date: <u>09/30/99</u> End Date: <u>06/30/01</u> Funding Amount: \$ <u>318,382.00</u> Indicate the break-down below: FY: <u>2000</u> \$ <u>245,511.00 (approved by LAC)</u> FY: <u>2001</u> \$ <u>72,871.00</u> FY: _____ \$ Amt.: _____ FTE: <u>2.7</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The C.O.D.E.S. grant application and preparation was required to follow specific guidelines. All states applying for a C.O.D.E.S. grant had to follow specific NHTSA grant procedures.

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 C.O.D.E.S. grant is to coordinate the development and institutionalization of the capability to link state cash and medical outcome data, to identify the medical and financial costs associated with motor vehicle crashes.

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 will link various data bases currently maintained by the Department of Public Safety, the Department of Health and the Department of Transportation. Public Safety and Transportation databases have been linked before and the linking of the Health's data is the new aspect of the project.

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

1st year	\$ <u>21,560.00</u>	Percentage of total grant: <u>6.7</u> %	Hard <u> </u> %	Soft <u>100</u> %
2nd year	\$ <u> </u>	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %
3rd year	\$ <u> </u>	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %

Check here if no match is required.

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?

Minnesota commits to investigating the feasibility of linking these data sources and evaluating whether the linked data can be used for problem identification and program evaluation.

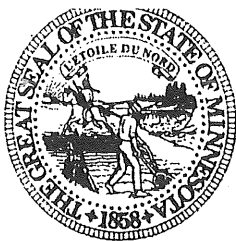
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 12.93 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? .6 New 2.1 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.
- The Department of Public Safety, Office of Traffic Safety is designated as the staff office for the Governor's Representative for Highway Safety. MS 4.075 establishes Minnesota's participation in federal programs and provides the authority to apply for this and other NHTSA grants.**
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

01/14/00
Date


Executive Budget Officer's Signature

1/21/00
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: Public Safety		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																
Title of Project/Proposal: Child Passenger Protection Grants																		
Federal Catalog Number: 20.602																		
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>4/1/00</u> End Date: <u>9/30/00</u> Funding Amount: \$ <u>\$400,000</u> Indicate the break-down below: FY: <u>00</u> \$ Amt.: <u>\$200,000.00</u> FY: <u>01</u> \$ Amt.: <u>\$200,000.00</u> FY: <u> </u> \$ Amt.: <u> </u> FTE: <u>0</u>																
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. <i>The Department has very little discretion. The federal funding agency, the National Highway Traffic Safety Administration, has dedicated this funding to be used in the area of child passenger protection and has set a list of activities that must be covered in order to receive the grant monies.</i></p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. <i>The overriding goal of the grant is to prevent deaths and injuries of children who are involved in traffic crashes. The goal will be reached by training and re-training child passenger safety instructors and other volunteers in the correct installation and use of child seats and seat belts for children through the age of twelve and by educating the public on age-appropriate seat selection and proper installation. A report on the activities carried out is due to the NHTSA Region V Administrator 15 months after the grant award.</i></p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. <i>The Office of Traffic Safety, within the Department of Public Safety, coordinates traffic safety programs related to driver behavior. The Office has personnel (paid with other federal NHTSA funding) on staff to coordinate child passenger safety activities and education in the state. State monies from child seat law violations are currently dedicated specifically to the provision of child seats to low-income families and can be used as the match required for this grant. There are many volunteers across the state working on the correct use of child seats and the DPS program supports their efforts by providing training, printed materials, and acting as an information clearinghouse.</i></p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$50,000.00</td><td>Percentage of total grant:</td><td>20%</td><td>Hard</td><td>____%</td><td>Soft</td><td>100%</td></tr><tr><td>2nd year</td><td>\$50,000.00</td><td>Percentage of total grant:</td><td>20%</td><td>Hard</td><td>____%</td><td>Soft</td><td>100%</td></tr></table>			1st year	\$50,000.00	Percentage of total grant:	20%	Hard	____%	Soft	100%	2nd year	\$50,000.00	Percentage of total grant:	20%	Hard	____%	Soft	100%
1st year	\$50,000.00	Percentage of total grant:	20%	Hard	____%	Soft	100%											
2nd year	\$50,000.00	Percentage of total grant:	20%	Hard	____%	Soft	100%											

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

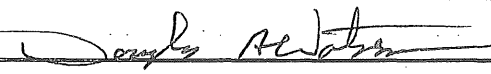
Check here if no match is required. _____

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

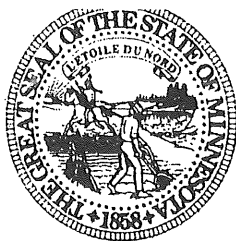
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant? *None.*
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason. *There are no salary costs to be taken from 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 _____ 1.3 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No *Not Applicable*
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No
Not Applicable
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No *Not Applicable*
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☐ No *Not Applicable*
- 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 U.S. Department of Transportation to accomplish the purposes of the National Highway Safety Act of 1966 and any amendments thereto. The authority to manage this program 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

01/14/00
Date


Executive Budget Officer's Signature

1/21/00
Date



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

Policy Note

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Department Name:	Office of Traffic Safety, The Department of Public Safety	Type of Grant:
Title of Project/Proposal:	Safety Incentive Grants for Use of Seat Belts	<input checked="" type="checkbox"/> New
Federal Catalog Number:	20.604	<input type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):

This request is in the following state:	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?	This award/proposal:
<input type="checkbox"/> Pre-Application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Start Date: March 2000 End Date: <u>Sept 30, 2000</u>
<input checked="" type="checkbox"/> Application	If yes, state the page and current budget volume for reference.	Funding Amount: \$ <u>730,400</u>
<input type="checkbox"/> Negotiation		Indicate the break-down below:
<input type="checkbox"/> Awarded		FY: <u>2000</u> \$ Amt.: 365,200
		FY: <u>2001</u> \$ Amt.: 365,200
		FY: <u> </u> \$ Amt.: <u> </u>
		FTE: <u> </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 National Highway Traffic Safety Administration (NHTSA) dictates to each state how federal grant funds can be used and for what purposes. This particular grant was specifically designed as an incentive for states to increase seat belt use and save lives. The grant funds must be used for the project as it is approved by NHTSA.

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.

For the past six years, the Office of Traffic Safety has sponsored a law enforcement project called *The Safe & Sober Campaign*. The project couples increased traffic enforcement with public information about safe driving practices and traffic laws. Over the course of the year, local law enforcement agencies and the Minnesota State Patrol have engaged in four enforcement "waves" for the *Safe & Sober Campaign*. In an effort to further increase Minnesota's seat belt use rate, the Office of Traffic Safety has proposed a pilot project which will add three additional waves of enforcement to the *Safe & Sober Campaign*. The project is being called the *Safe & Sober—Extended Waves Project*. To evaluate the project, all law enforcement agencies participating need to conduct seat belt observational surveys around the total of seven waves of enforcement. The results from agencies that participate in the pilot project will be compared to traditional *Safe & Sober* grant projects, as well as project results from previous years. The Office of Traffic Safety will have to report results from the pilot project back to NHTSA.

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 program, *Safe & Sober—Extended Waves Project*, is very similar to an existing project administered by the Office of Traffic Safety, the *Safe & Sober Campaign*. Local law enforcement agencies and the Minnesota State Patrol have been participating in the *Safe & Sober Campaign* for the past six years. What makes the proposed project

different is that it aims to increase traffic enforcement and media efforts during times of the year when most drivers have not traditionally heard such messages.

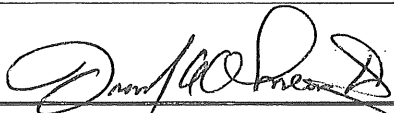
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year \$ 0.00	Percentage of total grant: _____%	Hard -- NA	Soft -- NA
2nd year \$ 0.00	Percentage of total grant: _____%	Hard -- NA	Soft -- NA
3rd year \$ 0.00	Percentage of total grant: _____%	Hard -- NA	Soft -- NA

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 _____ 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? X Yes ___ No.
a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 12.93 %
This is the overtime rate for officers employed by the Minnesota State Patrol
- 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? Zero New 1 Existing
9. Will the award supply funding of present positions? ___ Partial ___ Full X None
10. Will new positions be funded entirely by the grant award? ___ Yes X No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ___ Yes X No
b. Is continuation of positions a condition of receiving the federal grant? ___ Yes X No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
___ Yes X No
b. If yes, has provision been made to provide the necessary funding? ___ Yes ___ No
13. Legal authority to apply for and accept grant.
Minnesota Statute 4.075
14. Will the program involve a change in existing rules? ___ Yes X No
15. Will the program require new rules? ___ Yes X No



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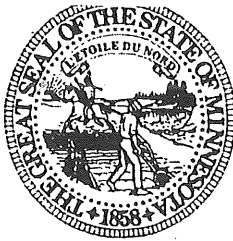
Date



Executive Budget Officer's Signature

1/21/00

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Public Safety/Emergency Management	Type of Grant: <input type="checkbox"/> New
Title of Project/Proposal: Flood Mitigation Assistance	<input checked="" type="checkbox"/> Continuation
Federal Catalog Number: 83.538	<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>Award Date</u> End Date: <u>3 years from award</u> Funding Amount: \$ <u>122,940.00</u> Indicate the break-down below: FY: <u>2000</u> \$ Amt.: <u>\$26,660.00*</u> FY: <u>2000</u> \$ Amt.: <u>\$122,940.00</u> FY: _____ \$ Amt.: _____ FTE: <u>0</u> *10- Day Review Order No. 4
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
Specific guidance is provided to this agency on the deliverables to meet program goals; however, some latitude is given to the state on how to best meet those program goals.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
This program is designed to assist state and local governments in funding cost-effective actions that reduce or eliminate the long-term risk of flood damage to buildings, manufactured homes, and other insurable structures. These funds will be granted to communities to implement proposed flood mitigation projects.

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

This program, though different, must work closely with other FEMA-funded and non-FEMA-funded emergency management programs.

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

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

Check here if no match is required. Communities that receive grants will be required to furnish match.

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
To fulfill the work activities proposed in the grant application.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
No salaries or fringe benefits are being paid with these funds.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 0 New 0 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full 0 None
10. Will new positions be funded entirely by the grant award? N/A Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
N/A Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
Chapter 12.22 of Minnesota Statutes
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

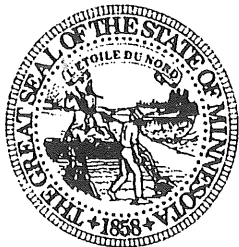

Accounting Coordinator's Signature

01/20/00
Date



Executive Budget Officer's Signature

1/21/00
Date



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

Policy Note

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Department Name:	Department of Public Safety	Type of Grant: NHTSA 402C Highway Safety Project
Title of Project/Proposal:	BCA Laboratory	<input checked="" type="checkbox"/> New
Federal Catalog Number:	DWI Drug Equipment Enhancement	<input type="checkbox"/> Continuation
	Section 402C of Public Law 89- 564	<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>10/1/99</u> End Date: <u>9/30/00</u> Funding Amount: \$ <u>140,000</u> Indicate the break-down below: FY: <u>00</u> \$ Amt.: <u>140,000</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: <u>0</u>
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The BCA Forensic Science Laboratory had full discretion in the construction of this proposal. The dollar amount was dictated by the Office of Traffic Safety and NHTSA.
- 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 will provide equipment to enhance the extraction and identification of drugs and their metabolites as they relate to DWI blood and urine samples. The overall goal is to use robotics to increase the efficiency of the process which will reduce analysis turnaround time.
- 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 relates to the BCA Laboratory program to identify drugs and their metabolites from blood and urine samples. This is part of the States program to identify individuals who are driving under the influence of controlled substances.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.


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

Check here if no match is required. ☒

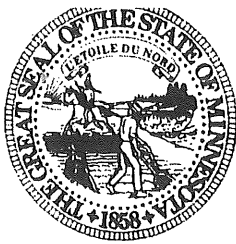
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
none
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
Indirect costs are based on salaries. Salaries are not part of this proposal.
- 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 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. **MSA 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

1/14/00
Date


Executive Budget Officer's Signature

1/21/00
Date



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

Policy Note

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Department Name:	Department of Public Safety	Type of Grant:
Title of Project/Proposal:	Bureau of Criminal Apprehension	<input checked="" type="checkbox"/> New
Federal Catalog Number:	Juvenile Sex Offender	<input type="checkbox"/> Continuation
	Registration/JJAC	<input type="checkbox"/> Other (if other, please explain):

This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: <u>4/1/2000</u> End Date: <u>3/31/2001</u> Funding Amount: <u>\$230,906.00</u> Indicate the break-down below: FY: <u>2000</u> \$ Amt.: <u>146,406.00</u> FY: <u>2001</u> \$ Amt.: <u>84,500.00</u> FY: <u> </u> \$ Amt.: <u> </u> FTE: <u>1.0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

Department of Public Safety prepared the application for federal assistance within the parameters set by the Juvenile Accountability Incentive Block Grant request for proposal under specific program 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.

OBJECTIVE #1: Improve tracking and monitoring of juvenile sex offenders by law enforcement to aid in prosecution efforts.

Goal 1: Develop interagency computer information sharing program that enables law enforcement and probation to track juvenile sex offenders.

Goal 2: Hire 1 FTE BCA Special Agent to assist law enforcement in registration and tracking of juvenile sex offenders through the MN Sex Offender Registry as well as monitor registration compliance by offenders.

OBJECTIVE # 2: Provide training to criminal justice professionals to enhance identification and prosecution expedition of violent juvenile sex offenders.

Goal 1: Conduct a 2 day metro training multi-disciplinary conference for 200 participants including representatives From Midwest Regional Registry Managers in September 2000 on improving identification and prosecution of juvenile sex offenders. Training would include in depth sessions on computer system sharing program developed under Objective #1, Goal #1.

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 program will coordinate training in sex offender registration issues through a current multi-agency standing committee. The proposed program will coordinate compliance efforts between Minnesota law enforcement agencies.

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

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

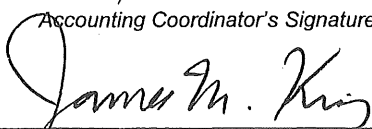
Check here if no match is required. N/A

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

5. a. Does the grant contain a maintenance of effort requirement? X No ___ Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? X Yes ___ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 12.93 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ___ Yes X No
8. How many positions are needed to carry out this program? 1 New
9. Will the award supply funding of present positions? ___ Partial ___ Full X None
10. Will new positions be funded entirely by the grant award? X Yes ___ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? X Yes ___ 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
- b. If yes, has provision been made to provide the necessary funding? ___ Yes X No
13. Legal authority to apply for and accept grant.
4.07
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

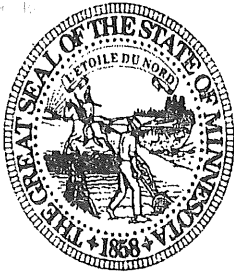

Executive Budget Officer's Signature

01/20/00

Date

01/21/00

Date



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

Policy Note

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Department Name:	Public Safety MN Center for Crime Victims Services	Type of Grant:
Title of Project/Proposal:	Rural Domestic Violence and Child Victimization Enforcement	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Federal Catalog Number:	16.582	

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: 8/1/1999 End Date: 1/31/2001 Funding Amount: \$ 749,080 Indicate the break-down below: FY: 2000 \$ Amt.: 726,990 FY: 2001 \$ Amt.: 22,090 FY: \$ Amt.: FTE: 0.25
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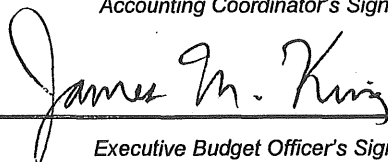
- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. **Funds must be used for the enhancement of female domestic and child victim safety in rural and tribal 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. **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.**
- 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 Victims 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.**
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

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

Check here if no match is required. ☒

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. 12.93 %
 - c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 0.25 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.
MN Statute 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


Executive Budget Officer's Signature

1/14/00
Date

1/21/00
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St. Paul, Minnesota 55155

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Department Name: MN DEPT. OF CORRECTIONS		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):	
Title of Project/Proposal: 1999 OPEN SOLICITATION (BJA)			
Federal Catalog Number: INNOVATION IN OFFENDER SUPERVISION AND RE-ENTRY			

This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: <u>7-1-00</u> End Date: <u>12-31-01</u> Funding Amount: <u>\$145,000</u> Indicate the break-down below: FY: <u>01</u> \$Amt: <u>100,000</u> FY: <u>02</u> \$Amt: <u>45,000</u> FY: <u> </u> \$Amt: <u> </u> FTE: <u>0</u>
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

Grant proposals are restricted to nine topical areas relating to criminal justice priorities as defined by the U.S. Department of Justice.

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

The purpose of the grant proposal is to enhance offender training and post-release employment acquisition through apprenticeships conducted in MN DOC's correctional 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.

The proposed program seeks to greatly increase the number of apprenticeships using existing prison industries and institution support prison jobs as training sites. Program would structure training with oversight and regulation through the Dept. of Labor & Industry apprenticeship unit.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percent 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:	<u>0</u> %	Hard	<u>0</u> %	Soft	<u>0</u> %
2nd year	\$ 0	Percentage of total grant:	<u>0</u> %	Hard	<u>0</u> %	Soft	<u>0</u> %
3rd year	\$ -	Percentage of total grant:	<u>-</u> %	Hard	<u>-</u> %	Soft	<u>-</u> %

Check here if no match is required. ☒

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

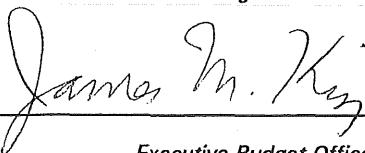
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes.
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- None
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- Grant funds are to be used for purchase of educational materials to be used for implementing related education requirements prescribed by apprenticeship regulations.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 0 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New 0.2 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 241.01, subd. 5a – Units of government eligible under U.S. Dept. of Justice (BJA) rules in 1999 Open Solicitation Announcement.
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

1-24-00

Date



Executive Budget Officer's Signature

1-24-00

Date