

010263



State of Minnesota
Department of Finance

400 Centennial Building
658 Cedar Street
St. Paul, Minnesota 55155
Voice: (651) 296-5900
Fax: (651) 296-8685
TTY: 1-800-627-3529

RECEIVED

APR 23 2001

LEGISLATIVE REFERENCE LIBRARY
STATE OFFICE BUILDING
ST. PAUL, MN 55155

DATE: April 20, 2001

TO: Senator Doug Johnson, Chair
Senate Finance Committee

Representative Dave Bishop, Chair
House Ways and Means Committee

FROM: Pamela Wheelock
Commissioner

PHONE: 651/297-7881

SUBJECT: Change Order #5 - Department of Agriculture and Board of Animal
Health Federal Funds

This change order advises you and your colleagues of additional federal funds that may be available for continuing eradication of the "Foot and Mouth disease". The Governor's budget as submitted for the current biennium should be increased by \$50,000 for FY 2001, \$50,000 for FY 2002.

Attached to this memorandum are policy notes from the Department of Agriculture and Board of Animal Health for the federal funds from the USDA/Foot and Mouth Disease State Emergency Plan.

cc: Committee Division Chairs
Bill Marx
Mark Misukanis

AN EQUAL OPPORTUNITY EMPLOYER



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: USDA/Foot & Mouth Disease Federal Catalog Number: State Emergency Plan	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: <u>05/01/01</u> End Date: <u>06/30/02</u> Funding Amount: \$50,000 Indicate the break-down below: FY: 2001 \$ Amt.: \$25,000 FY: 2002 \$ Amt.: \$25,000 FY: _____ \$ Amt.: _____ FTE: <u>.00</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>Considerable discretion and latitude has been allowed in adapting funding to the emergency needs of Minnesota.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities, which will take place and any products (reports, plans, etc.), which will result from the program.</p> <p>USDA is considering possible funding availability to be used in a State of Minnesota emergency plan which will provide table top exercises and purchase of equipment, goods, or services as needed to research, communicate and educate, stop the spread, or eradicate the "Foot and Mouth disease" in hoofed animals which is currently devastating the European countries.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>This program will provide assistance to the State of Minnesota, particularly the Agriculture community, in it's fight for continuing eradication of a potential hazard to our economy.</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. ANY REQUIRED STATE MATCH WILL BE MET WITH EXISTING STATE FUNDS</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">1st year</td> <td style="width: 15%;">\$ _____</td> <td style="width: 30%;">Percentage of total grant: _____ %</td> <td style="width: 15%;">Hard _____ %</td> <td style="width: 25%;">Soft _____ %</td> </tr> <tr> <td>2nd year</td> <td>\$ _____</td> <td>Percentage of total grant: _____ %</td> <td>Hard _____ %</td> <td>Soft _____ %</td> </tr> <tr> <td>3rd year</td> <td>\$ _____</td> <td>Percentage of total grant: _____ %</td> <td>Hard _____ %</td> <td>Soft _____ %</td> </tr> </table> <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 _____ %													

5. a. Does the grant contain a maintenance of effort requirement? No Yes
If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long-term commitments is the state making by acceptance of this grant?
-
6. Are indirect costs included in the proposal? Yes No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 18.60 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? Yes No
8. How many positions are needed to carry out this program? .00 New .00 Existing
9. Will the award supply funding of present positions? Partial Full None
10. Will new positions be funded entirely by the grant award? Yes No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? Yes No
- b. Is continuation of positions a condition of receiving the federal grant? Yes No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
 Yes No
- b. If yes, has provision been made to provide the necessary funding? Yes No
13. Legal authority to apply for and accept grant.
- M.S. 004 07 003
14. Will the program involve a change in existing rules? Yes No
15. Will the program require new rules? Yes No

Rm Lockner

Accounting Coordinator's Signature

4-16-01

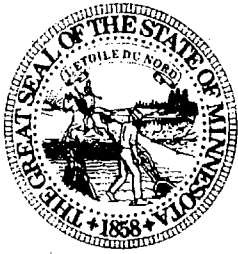
Date

Debra L. Bidney

Executive Budget Officer's Signature

4-17-01

Date



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

Policy Note

Notice of Application for
 Federal Grant Assistance

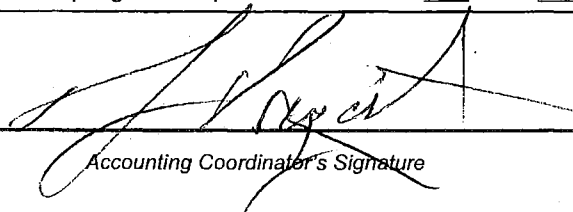
Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: Board of Animal Health Title of Project/Proposal: USDA/Foot & Mouth Disease Federal Catalog Number: State Emergency Plan	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):															
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.															
This award/proposal: Start Date: <u>05/01/01</u> End Date: <u>06/30/02</u> Funding Amount: \$50,000 Indicate the break-down below: FY: 2001 \$ Amt.: \$25,000 FY: 2002 \$ Amt.: \$25,000 FY: _____ \$ Amt.: _____ FTE: <u>.00</u>																
<ol style="list-style-type: none"> Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Considerable discretion and latitude has been allowed in adapting funding to the emergency needs of Minnesota. 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. USDA is considering possible funding availability to be used in a State of Minnesota emergency plan which will provide table top exercises and purchase of equipment, goods, or services as needed to research, communicate and educate, stop the spread, or eradicate the "Foot and Mouth disease" in hoofed animals which is currently devastating the European countries. 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 provide assistance to the State of Minnesota, particularly the Agriculture community, in it's fight for continuing eradication of a potential hazard to our economy. 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. ANY REQUIRED STATE MATCH WILL BE MET WITH EXISTING STATE FUNDS <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%;">1st year</td> <td style="width: 15%;">\$ _____</td> <td style="width: 30%;">Percentage of total grant: _____ %</td> <td style="width: 15%;">Hard _____ %</td> <td style="width: 25%;">Soft _____ %</td> </tr> <tr> <td>2nd year</td> <td>\$ _____</td> <td>Percentage of total grant: _____ %</td> <td>Hard _____ %</td> <td>Soft _____ %</td> </tr> <tr> <td>3rd year</td> <td>\$ _____</td> <td>Percentage of total grant: _____ %</td> <td>Hard _____ %</td> <td>Soft _____ %</td> </tr> </table> <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 _____ %												

5. a. Does the grant contain a maintenance of effort requirement? No Yes
If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long-term commitments is the state making by acceptance of this grant?
-
6. Are indirect costs included in the proposal? Yes No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 18.60 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? Yes No
8. How many positions are needed to carry out this program? .00 New .00 Existing
9. Will the award supply funding of present positions? Partial Full None
10. Will new positions be funded entirely by the grant award? Yes No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? Yes No
- b. Is continuation of positions a condition of receiving the federal grant? Yes No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
 Yes No
- b. If yes, has provision been made to provide the necessary funding? Yes No
13. Legal authority to apply for and accept grant.

M.S. 004 07 003

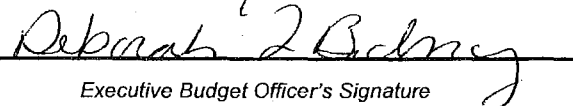
14. Will the program involve a change in existing rules? Yes No
15. Will the program require new rules? Yes No



Accounting Coordinator's Signature

4-16-01

Date



Executive Budget Officer's Signature

4-17-01

Date