

LEGISLATIVE REFERENCE LIBRARY



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#4



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

April 13, 1995

To: Senator Gene Merriam, Chairman
Senate Finance Committee

Representative Loren Solberg, Chairman
House Ways and Means Committee

Fr: Laura M. King *LMC*
Commissioner

Re: Budget Change Order #4 - additional federal funds.

This is to advise you and your colleagues that, due to additional anticipated federal funds being received by the Departments of Public Service and Natural Resources, the Governor's Budget as submitted for the upcoming biennium should be increased by \$1,205,500 for F.Y. 1996 and \$343,900 for F.Y. 1997.

Attached to this memorandum please find copies of policy notes for the related federal grants:

		<u>(Dollars in Thousands)</u>	
<u>Agency</u>	<u>Grant Title</u>	<u>F.Y.96</u>	<u>F.Y.97</u>
DPS	Update State Energy Code	357.0	101.3
DPS	Wind Resource Assessment	50.0	-0-
DPS	Wind Shear Study	50.0	-0-
DNR	Migratory Bird Harvest Inf.	122.5	40.0
DNR	AmeriCorps/Corp. for Nat. Ser	34.9	11.6
DNR	MCC Flood Recovery -Extens.	196.0	-0-
DNR	Ct. for Coastal Ecosystem Hea	36.0	36.0
DNR	Nat'L Biological Service		
	Species at Risk	35.1	-0-
DNR	Multistate Aquatic Resources		
	Information System	70.0	-0-
DNR	Biological Control of Purple		
	Loosestrife in North America	70.0	30.0
DNR	Midwest Biodiversity Assess.	160.0	125.0
DNR	Effects of Bait Fish on		
	restored Prairie Wetland	24.0	-0-

Please share this information with appropriate committees and staff.

cc: Peggy Ingison
Marcie Jefferys



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: Public Service
Title of Project/Proposal: Update State Energy Code
Federal Catalog Number:

RECEIVED

Type of Grant: New x Continuation Other If Other, Please Explain: ADD 1-8-1995

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ST. PAUL, MN 55155

This request is in the following state:

Pre-application x Application Negotiation Awarded

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.
 Yes x No If yes, state the page and current budget volume for reference.

This award/proposal: Start Date: 7-1-95 End Date: 6-30-97
Funding Amount: \$ 458,247 Positions: 1

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.

Our Agency was allowed to submit any program components that we felt would strengthen the State Energy Code

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 will allow educational seminars and meetings which will insure that the Building Inspectors and Builders, Engineers and Designers understand the requirements of the Energy Code.

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

No Comparable State Program

4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 years, include information for each additional year.

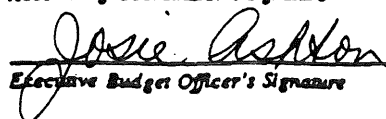
1st year \$ <u>21,000</u>	Percentage of total grant <u>2</u> %	Hard <u> </u> %	Soft <u>100</u> %
2nd year \$ <u>20,000</u>	Percentage of total grant <u>2</u> %	Hard <u> </u> %	Soft <u>100</u> %
3rd year \$ <u> </u>	Percentage of total grant <u> </u> %	Hard <u> </u> %	Soft <u> </u> %

Balance of 24% match requirement will be from Utilities
Check here if no match is required

5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No
If yes, what is the base year _____ and amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The State commits to provide oversight to the development and presentation of an educational nature about the energy code
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. 16.1 %
- c. If rate charged is different than agency's approved rate, indicate reason. Attach 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 .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.
Minnesota Statutes 216C 02, Subd. 1
14. Will the program involve a change in existing state rules? ☒ Yes ☐ No
A change in the Energy Code must result from this program
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

3-23-95
Date


Executive Budget Officer's Signature

3-29-95
Date



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: Public Service
Title of Project/Proposal: Wind Resource Assessment
Federal Catalog Number: RAP-5-15093

Type of Grant: New X Continuation Other If Other, Please Explain.

This request is in the following state:

Pre-application X Application Negotiation Awarded

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.
 Yes X No If yes, state the page and current budget volume for reference.

This award/proposal: Start Date: 7-1-95 End Date: 6-30-96
Funding Amount: \$ 50,000 Positions: 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.

Our Agency was allowed to submit any program that we felt would assist in the development of wind energy

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

This grant will allow the department to use the existing wind energy and develop maps to show the wind development potential of any area of the state.

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


No comparable State Program

4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 years, include information for each additional year.

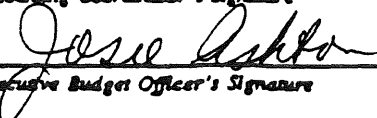
1st year \$ <u>50,000</u>	Percentage of total grant <u>50</u> %	Hard <u> </u> %	Soft <u>100</u> %
2nd year \$ <u> </u>	Percentage of total grant <u> </u> %	Hard <u> </u> %	Soft <u> </u> %
3rd year \$ <u> </u>	Percentage of total grant <u> </u> %	Hard <u> </u> %	Soft <u> </u> %

Check here if no match is required .

5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No
If yes, what is the base year _____ and amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The state commits to developing procedures to project wind development potential
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. 16.1 %
- c. If rate charged is different than agency's approved rate, indicate reason. Attach 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 -3 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?
☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
Minnesota Statutes 216C.02, Subd. 1
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature



Executive Budget Officer's Signature

3-23-95

Date

Date



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: Public Service
Title of Project/Proposal: Wind Shear Study
Federal Catalog Number:

Type of Grant: New x Continuation Other If Other, Please Explain.

This request is in the following state:

Pre-application X Application Negotiation Awarded

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.
 Yes X No If yes, state the page and current budget volume for reference.

This award/proposal: Start Date: July 1, 1995 End Date: June 30, 1995
Funding Amount: \$ \$50,000 Positions: 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.
Our Agency was allowed to submit any program components that we felt would create a proper study

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

This study will provide data concerning the variations of wind speeds as a function of elevation. Wind speed will be measured at five different heights above ground level. A report will be published.

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

No comparable State Program

4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 years, include information for each additional year.

1st year \$ <u>14,000</u>	Percentage of total grant <u>28</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 .

5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No
If yes, what is the base year _____ and amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The state commits to monitoring wind data from four new sites and writing a report.
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. 16.1 %
- c. If rate charged is different than agency's approved rate, indicate reason. Attach 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
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?
☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
Minnesota Statutes 216C.02, Subd 1
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Miriam Lohf
Accounting Coordinator's Signature

3-23-95
Date

Josie Ashby
Executive Budget Officer's Signature

3-28-95
Date



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: Natural Resources
Title of Project/Proposal: Migratory Bird Harvest Information Program (HIP)
Federal Catalog Number:

Type of Grant: New ☒ Continuation ☐ Other ☐ If Other, Please Explain.

This request is in the following state:

Pre-application ☒ Application ☐ Negotiation ☐ Awarded ☐

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.

☐ Yes ☒ No If yes, state the page and current budget volume for reference.

122,500 in FY96
40,000 in FY97

This award/proposal: Start Date: 10/1/95 End Date: 2000
Funding Amount: \$ 162,500 FY96/97 Positions: 0
\$30,000 FY98, \$10,000 FY99, \$10,000 FY2000

- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
U.S.F.W.S. specifies outputs- names and addresses of state-licensed migratory bird hunters. MN DNR has discretion on how to generate data from licensing. U.S.F.W.S. contribute start-up funds.
- Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. Generate improved (accuracy and precision) annual estimates of hunter harvest of migratory game birds by providing names and addresses of hunters and information on their hunting last year.
- 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.
48 other states will be doing the same thing to provide high-quality national and state harvest estimates. State harvest estimates are often not consistent with each other.
- Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 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? ☐ Yes ☒ No
If yes, what is the base year _____ and amount \$ _____.

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

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

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

No salaries paid from federal funds.

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

c. If rate charged is different than agencies approved rate, indicate reason. Attach copy of Budget Operations specific exemption.

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

8. How many positions are needed to carry out this program? _____ New 3 Existing

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

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

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

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

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

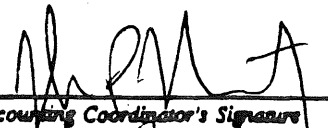
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No


13. Legal authority to apply for and accept grant.

MN Statute 84.085

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

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



Accounting Coordinator's Signature


Executive Budget Officer's Signature

2/27/95

Date
3/22/95

Date



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: MN Department of Natural Resources
Title of Project/Proposal: AmeriCorps/Corporation for National Service
Federal Catalog Number: 94.007

APID:
Type of Grant: New XX Continuation Other If Other, Please Explain.

This request is in the following state:

Pre-application XX Application Negotiation Awarded

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.
 Yes XX No If yes, state the page and current budget volume for reference.

This award/proposal: Start Date: September, 1995 End Date: September, 1996
Funding Amount: \$ 46,546 Positions: 0
FY 96 = \$34,910 FY 97 = \$11,636

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
Considerable latitude was allowed in all programming areas including administration, staffing and program design.
2. Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
The Department of Natural Resources' (DNR's) Minnesota Conservation Corps (MCC) is applying for federal funds to help off-set the costs of health care coverage for program participants. Quarterly reports to the CNS are required.
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.
The federal funds will augment & complement the operations of the MCC. MCC will coordinate its activities with the MN Commission on National & Community Service.
4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 years, include information for each additional year.

1st year \$	<u>7,804.00</u>	Percentage of total grant	<u>17</u> %	Hard	<u>100</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 .

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

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

For the duration of the grant, the State of Minnesota must provide a cash match of 17% (\$7,804.00).

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

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 5.0 %

c. If rate charged is different than agency's approved rate, indicate reason. Attach copy of Budget Operations specific exemption. MCC has a 14.0% indirect rate. Federal directives prohibit an indirect rate greater than 5.0% for this particular grant.

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

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

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

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

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

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

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

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

13. Legal authority to apply for and accept grant.

Minnesota Statute 84.085

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

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

*Does Not Apply

Accounting Coordinator's Signature

Executive Budget Officer's Signature

3/29/95

Date

3/30/95

Date



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: Natural Resources
Title of Project/Proposal: Flood Recovery Project/MN Conservation Corps
Federal Catalog Number: 94.007

Type of Grant: New APID: 31700:01-30 Continuation XX Other If Other, Please Explain.

This request is in the following state:

Pre-application Application Negotiation Awarded XX

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.
 Yes XX No If yes, state the page and current budget volume for reference.

This award/proposal: Start Date: July 1, 1995 End Date: June 30, 1996
Funding Amount: \$ 195,767 Positions: *

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.
Application required to focus on youth community service & volunteerism related to direct flood relief. A collaboration between the MCC & an institution of higher education was mandated.
2. Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. Purpose of grant is to address short & long-term flood relief needs utilizing MN's youth. Projects focus on repairing public property & compiling a flood preparedness report. A public awareness program will also be implemented.
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 compliments & supplements existing MN youth community service programs. Coordination will be facilitated by the MCC.
4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 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> </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 XX.

5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No
If yes, what is the base year _____ and amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
Short-term (next 12 months), the State will be obligated to provide administrative support for the grant. There are no long-term obligations.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 5.0 %
- c. If rate charged is different than agency's approved rate, indicate reason. Attach copy of Budget Operations specific exemption. Federal law limits reimbursement for administration costs (including indirect) to 5%.
7. Are indirect costs part of any match? ☒ Yes ☐ No
8. How many positions are needed to carry out this program? 12* New ☐ Existing
MCC Corpsmembers
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 84.085
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

* Continued from previous Biennium.

Accounting Coordinator's Signature

Executive Budget Officer's Signature

Date

Date



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: Natural Resources, Division of Waters
Title of Project/Proposal: Center for Coastal Ecosystem Health (CCEH) Project
Federal Catalog Number:

APID: 31109:51-30
Type of Grant: New X Continuation Other If Other, Please Explain.

This request is in the following state:

Pre-application Application X Negotiation Awarded

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.
 Yes X No If yes, state the page and current budget volume for reference.

This award/proposal: Start Date: July, 1995 End Date: December 30, 1996
Funding Amount: \$ 36,000 per year Positions: 0

- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The RFP guidance accepts projects that are consistent with the CCEH work plan for 1995 (FY) in two subject areas: non-point pollution reduction and habitat evaluation, restoration and management.
- Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. A demonstration project consisting of habitat assessment, wetland mapping, mitigation site planning and restoration of impaired habitat will be developed for the Duluth/Superior Harbor and St. Louis River estuary.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. This demonstration project enhances and complements existing programs in the states of Minnesota and Wisconsin. Management techniques and methodologies will be documented and be capable of transfer to the cities of Duluth, Superior and MPCA and DNR.
- Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 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.

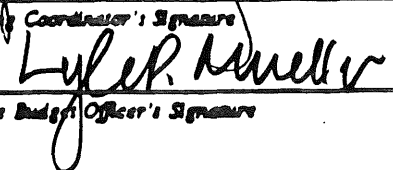
5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No
If yes, what is the base year _____ and amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
Short term - to administer the funds and complete demonstration project
Long term - none
6. Are indirect costs included in the proposal? ☐ Yes ☒ No
- a. If indirect costs are not included in the proposal, indicate reason.
No staff will be hired or funded from 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. Attach 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 state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature



Executive Budget Officer's Signature

4/5/95

Date

4/5/95

Date

Policy Note
Notice of Application
for Federal Assistance

Department Name: Natural Resources
Title of Project/Proposal: National Biological Service Species at Risk
Program: Research and protection efforts for Federal candidate plants in Minnesota
Federal Catalog Number:

Type of Grant: New
State of request: Application

Has the Legislature approved the expenditure of these funds by review in the biennial budget process? No

Start date: 7/1 /95 End date: 6/1/96
Funding amount: \$35,090 Positions: 0

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

The study areas, study design and staffing were all left to the discretion of the MNDNR

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

This grant would fund a portion of an integrated roadside management initiative for corridors supporting federal category 2 candidate species, and survey and research activities for a Minnesota endemic plant, the Frenchman's bluff moonwort, which is also a federal candidate species. Objectives of the first component of the project are to produce educational materials and conduct a workshop for roadside managers and to establish a local pilot project to demonstrate environmentally sensitive roadside management. Objectives of the second component of the project are to improve our understanding of the distribution and life history of the Frenchman's Bluff moonwort. New site locations discovered through the work will be entered into the Natural Heritage database, protection planning will incorporate findings, and reports will be submitted to the USFWS. A poster will be produced entitled "Minnesota's Rights-of-Way: Living Corridors, Opening the Door on Diversity".

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 Natural Heritage Program of the DNR has sole responsibility in the state for research and surveys relating to Federal candidate plants. The proposed work is an enhancement of on-going inventory, monitoring, and protection work conducted by the Natural Heritage program. The information collected will improve our understanding and that of relevant land managers of the status of these species in Minnesota, and our ability to participate in their recovery.

4. Match required: \$0

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

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

Deliver 3 copies of all final reports to the USFWS by project end date

6. Are there indirect costs included in the proposal?: No,

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

No salaries are funded by this money

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

8. Positions needed to carry out program? 2 existing


9. Will the award supply funding for present positions? None

10-12: no

13. Legal authority: Mn Stat 84.085

14. Will the program involve a change in existing state rules? no

15. Will the program require new rules? no



Accounting Coordinator's Signataure

4/5/95

Date



Executive Budget Officer's Signature

4/5/95



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: Natural Resources
Title of Project/Proposal: Multistate Aquatic Resource Information System
Federal Catalog Number:

Type of Grant: New ☒ Continuation ☐ Other ☐ If Other, Please Explain.

This request is in the following state:

Pre-application ☒ Application ☐ Negotiation ☐ Awarded ☐

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.
☐ Yes ☒ No If yes, state the page and current budget volume for reference.

This award/proposal: Start Date: 7/1/95 End Date: 6/30/96
Funding Amount: \$70,000 Positions:

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 project is a cooperative effort between the states of Minnesota, Michigan, Wisconsin, Illinois and Iowa, the National Biological Survey, US Fish and Wildlife Service, US Forest Service and the Natural Resources Conservation Service. The project proposal and template for the AFA was done cooperatively with project partners.
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. Each state will develop a common interface to aquatic resources data (fisheries survey information) which will be used to facilitate exchange of data; facilitate improved internal communication, maximize utility of existing databases, and provide a framework for broader national participation and assessment of states and trends of aquatic resources over broad geographical regions.
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 five cooperative states will develop a compatible interface. These efforts complement ongoing database management programs working towards providing remote access to large sets of aquatic resource information.
4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 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 ☒.

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

Technical support to achieve objectives.

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

No salaries paid from federal funds.

- b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
- c. If rate charged is different than agencies approved rate, indicate reason. Attach 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 2 Existing (Part Time)
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?
☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.

MN Statute 84.085

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


Accounting Coordinator's Signature


Executive Budget Officer's Signature

4/4/95
Date

4/5/95
Date



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: MN Dept. of Natural Resources
Title of Project/Proposal: Biological Control of Purple Loosestrife in
Federal Catalog Number: North America

Type of Grant: New X Continuation Other If Other, Please Explain.

This request is in the following state:

Pre-application Application X Negotiation Awarded

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.
 Yes X No If yes, state the page and current budget volume for reference.

This award/proposal: Start Date: November 1995 End Date: November 1996
Funding Amount: \$ 100,000 Positions: -0-
FY96 = \$70,000 FY97 = \$30,000

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
MN DNR has discretion on how to write and administer this project.
U.S.F.W.S. helped prepare 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. To propagate and distribute insects nationwide for the control of Purple loosestrife. Fifty thousand insects will be reared and distributed to 25 states.
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. MN DNR currently has a Purple loosestrife control program. This is a coordinated effort between 20 states and several Federal agencies attempting to control Purple loosestrife. A Steering Committee will be established to provide guidance in this effort.
4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 years, include information for each additional year. Most of the match required for this application will come from other states including - MI, OH, IN, IL, PA, IA, WI


MN only	1st year	\$ <u>20,000</u>	Percentage of total grant	<u>29</u> %	Hard	<u> </u> %	Soft	<u>100</u> %
	2nd year	\$ <u>10,000</u>	Percentage of total grant	<u>33</u> %	Hard	<u> </u> %	Soft	<u>100</u> %
	3rd year	\$ <u> </u>	Percentage of total grant	<u> </u> %	Hard	<u> </u> %	Soft	<u> </u> %


Check here if no match is required . Match requirement is 1:1 or higher

5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No
If yes, what is the base year _____ and amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
A one-year commitment to administer this grant.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No
- a. If indirect costs are not included in the proposal, indicate reason.
No state salaries included in budget.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
- c. If rate charged is different than agencies approved rate, indicate reason. Attach 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.

MN STATUTE 84.085

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



Accounting Coordinator's Signature


Executive Budget Officer's Signature

4/4/95

Date
4/5/95

Date



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: Natural Resources
Title of Project/Proposal: Midwest Biodiversity Assessment
Federal Catalog Number: 15.975

APID: 31200-40-30

Type of Grant: New ☐ Continuation ☒ Other ☐ If Other, Please Explain.

This request is in the following state:

Pre-application ☐ Application ☒ Negotiation ☐ Awarded ☐

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.
☐ Yes ☒ No If yes, state the page and current budget volume for reference.

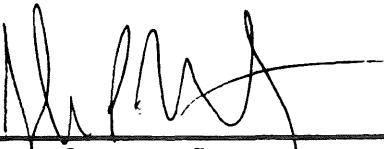
This award/proposal: Start Date: 7/1/95 End Date: 9/30/98
Funding Amount: \$ 285,000 Positions: -0-

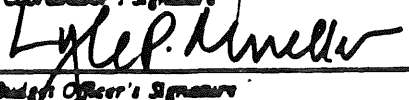
- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The state will provide information to the National Biological Survey for aggregation with other agencies' information. All hiring, contracting and other spending decisions are at the discretion of the State program manager.
- Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. This project will develop a state-wide land cover/land use data base, ownership and land management status, and species range maps. This information will be aggregated with that of other agencies.
- 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. Participants in this project include: EPA, US Fish & Wildlife, National Biological Survey, Soil Conservation Service, Forest Service, Bureau of Land Management, and Geological Survey.
- Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 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? ☐ Yes ☒ No
If yes, what is the base year _____ and amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The Division will work with the North Biological Survey to produce the previously described products.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No
- a. If indirect costs are not included in the proposal, indicate reason.
No additional salaries are incurred with this agreement.
- 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. Attach copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☐ No N/A
8. How many positions are needed to carry out this program? _____ New .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 N/A
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☐ No N/A
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
MN STATUTE 84.085
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature


Executive Budget Officer's Signature

4/5/95

Date
4/5/95

Date



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

Department Name: Natural Resources
Title of Project/Proposal: Effects of Bait Fish On Restored Prairie Wetland Ecosystem
Federal Catalog Number: (Research Proposal)

31445-01-30

Type of Grant: New x Continuation Other If Other, Please Explain.

This request is in the following state:

Pre-application x Application Negotiation Awarded

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.
 Yes x No If yes, state the page and current budget volume for reference.

This award/proposal: Start Date: 7/1/95 End Date: 6/30/96
Funding Amount: \$ 24,000 Positions: 2

1. Describe with 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.

DNR agreed to proposed project and was allowed input in the decision making process.

2. Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. This grant will support a cooperative research project between the MDNR Wildlife Research Unit and the National Biological Survey (Northern Prairie Science Center). Study results will refine wetland management strategies in MN. Complete products will be in the form of DNR reports and technical publications.
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 grant will support a new research initiative for the DNR Wildlife Research Unit. The project will be coordinated by the Wetland Wildlife Populations and Research Group (DNR), and will enhance research and survey objectives of this group.
4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 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

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

b. What short and long term commitments is the state making by acceptance of this grant?
DNR will fund research activities in support of this proposed study.
Such DNR support is a continuation of current support by the Wildlife Research Unit.

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. 26.6%

c. If rate charged is different than agencies approved rate, indicate reason. Attach copy of Budget Operations specific exemption.

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

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

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

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

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

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

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

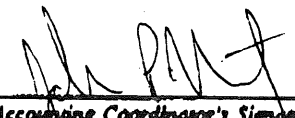
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No

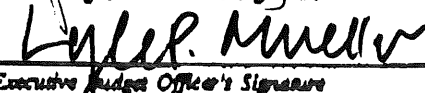
13. Legal authority to apply for and accept grant.

MN Statute 84.085

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

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


Accounting Coordinator's Signature


Executive Budget Officer's Signature

4/4/95

Date

4/5/95

Date