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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

April 28, 1995

To: Senator Gene Merriam, Chairman  
Senate Finance Committee

Representative Loren Solberg, Chairman  
House Ways and Means Committee

Fr: Laura M. King *WML*  
Commissioner

Re: Budget Change Order #5 - additional federal funds.

This is to advise you and your colleagues that, due to additional anticipated federal funds being received by the various Departments, the Governor's Budget as submitted for the upcoming biennium should be increased by \$119,400 for F.Y. 1995, by \$8,893,700 for F.Y. 1996 and \$5,237,600 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>     |
| Public        | Alternative Fuel Vehicle Develop.                  | 150.0                         | 150.0             |
| Service       | Containerized Power Project                        | 42.0                          | -0-               |
|               | Development of Rapid Charger for electric Vehicles | 200.0                         | 200.0             |
| Revenue       | Diesel Fuel Inspection Agreement                   | 118.0                         | -0-               |
| DTED          | Council of State Govt. Envir. Init.                | 110.0                         | 40.0              |
|               | Market Develop. Cooperator Program                 | 100.0                         | 100.0             |
|               | India Environmental Mission                        | 25.0                          | -0-               |
|               | Red River Trade Corridor                           | 45.0                          | 10.0              |
|               | Mid-America Agr-Trade Council                      | 45.0                          | 10.0              |
| HECB          | Learn and Serve America                            | 200.0                         | -0-               |
| Education     | Team Nutrition Training Grant                      | 140.0                         | 59.9              |
| Public        | Breath Testing System Network                      | 282.4                         | 282.4             |
| Safety        | NCHIP  | 800.0                         | 100.0             |
|               | Arson Grants - Fire Marshal                        | 100.0                         | 100.0             |
|               | Nat'l Fire Incident Report/Educ.                   | 50.0                          | 50.0              |
|               | Commercial Vehicle Inf. System                     | 500.0                         | 300.0             |
| Health        | MN Practitioners' Genetics Educ.                   | 76.0                          | 76.0              |
|               | Lead Program Coop. Agreement                       | 579.9                         | 579.9             |
|               | Enhancing Traumatic Brain Injury                   |                               |                   |
|               | Surveillance and followup in MN                    | 485.0                         | 485.0             |
| Agric.        | Develop/Storing & Marketing Squash                 | 15.0                          | 10.0              |
|               | Assessing Wild Rice Processing                     | 20.0                          | -0-               |
|               | Plant Pest & Animal Disease Prog.                  | 55.5                          | -0- F.Y.95 \$28.0 |
| PCA           | NPDES Watershed EPA Priority Grants                | 121.0                         | 121.0             |
|               | Clean Lakes Program                                | 112.5                         | 112.5             |



| <u>Agency</u> | <u>Grant Title</u>  | <u>(Dollars in Thousands)</u> |                     |
|---------------|---|-------------------------------|---------------------|
|               |   | <u>F.Y.96</u>                 | <u>F.Y.97</u>       |
| PCA           | PFA Revolving Loan  | 595.0                         | 595.0               |
|               | Mercury Off-Set Trading Between point & non-point sources     | 100.0                         | 84.0                |
|               | Develop. of a Mult-Media environmental Impact Model           | 90.0                          | 60.0                |
|               | Underground Storage Tank Training                             | 10.0                          | -0-                 |
|               | Great lakes-GLNPO   | 192.0                         | 192.0               |
|               | Nonpoint Source Implementation                                | 685.0                         | 285.0               |
|               | Region V - Great Lakes Program                                | 83.0                          | 83.0                |
|               | Russia Project  | 200.3                         | -0-                 |
|               | R-EMAP (Remedial Action plan)                                 | 25.0                          | 32.0                |
|               | Riverine Wetland Criteria                                     | 25.0                          | -0-                 |
|               | NPDES Watershed Grants  | 180.0                         | 180.0               |
|               | Wetland Assessment Program                                    | 138.3                         | 138.3               |
|               | MN Landscaping for Wildlife Exh.                              | 20.0                          | 30.0                |
|               | Grass Lake  | 150.0                         | 150.0               |
|               | Sustain. Develop. Int. for Cook Co.                           | 8.0                           | -0- F.Y.95 \$1.6    |
|               | Ag. BMP & Feedlot Techn. Assist.(1)                           | 184.5                         | 46.1 F.Y.95 \$30.8  |
|               | Ag. BMP & Feedlot Techn. Assist.(2)                           | 52.5                          | -0- F.Y.95 \$10.1   |
|               | Minnesota River 2 (NAWCA)                                     | 304.2                         | 152.1 F.Y.95 \$25.3 |
| DNR<br>BWSR   | Cannon River WatershedWet. Project                            | 174.5                         | 213.3               |
|               | Minnsota Tall Grass Prairie                                   | 140.0                         | 70.1                |
|               | Lake Superior Shoreline Best manage. Practices (BMP) Workshop | 9.4                           | -0-                 |
|               | Heron Lake Watershed Wet. Project                             | 240.0                         | 140.0 F.Y.95 \$20.0 |
|               | State Wetland Program Realignment                             |                               |                     |
|               | and Qualitative Enhancement                                   | 20.1                          | -0- F.Y.95 \$3.6    |

Please share this information with appropriate committees and staff.

cc: Peggy Ingison  
Marcie Jefferys

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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: Alternative Fuel Vehicle Development  
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: October 1995 End Date: September 97  
Funding Amount: \$ 300,000 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.

Application instructions come from U. S. DOE, but the State has a great deal of latitude in developing what type of development project is most appropriate for Minnesota.

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

This proposal would seek funds to assist Minnesota in increasing the number of non-gasoline (afv) vehicles on our roads. This could include vehicle rebate, education programs, or fueling station assistance.

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

This proposal is consistent with the Department's mission of developing alternative and renewable fuel. The proposal would be coordinated through existing AFV activities including Clean Fuels Minnesota.

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>30,000</u>     | Percentage of total grant <u>20</u> %     | Hard <input type="checkbox"/> % | Soft <u>100</u> % (Inkind) |
| 2nd year \$ <u>30,000</u>     | Percentage of total grant <u>20</u> %     | Hard <input type="checkbox"/> % | Soft <u>100</u> % (Inkind) |
| 3rd year \$ <u>          </u> | Percentage of total grant <u>      </u> % | Hard <input type="checkbox"/> % | Soft <u>      </u> %       |

Check here if no match is required ☐.

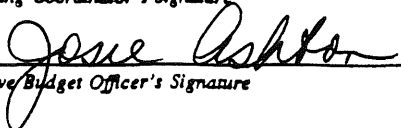
5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No  
If yes, what is the base year \_\_\_\_\_ and amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
Short Term: Active state role in promoting and developing AFV's.  
Long Term : None
6. Are indirect costs included in the proposal? ☒ Yes ☐ No (will be)
- 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? \_\_\_\_\_ New 1 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None (Possibly)
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 216C.02

14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☐ No Possibly rules on how financial assistance would be made available to sub-recipients.

  
Accounting Coordinator's Signature

4-21-95  
Date

  
Executive/Budget Officer's Signature

4-24-95  
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: Department of Public Service  
Title of Project/Proposal: Containerized Power Project  
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: August 95 End Date: September 96  
Funding Amount: \$ 42,000 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.  
Little discretion in application preparation. This will be a "pass through" grant, so specific company did major grant application preparation.

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

Goal is to develop a prepackaged photovoltaic (solar) unit applicable to remote applications. This would include collector, inverter, batteries, and diesel generator. Project will develop full prototype.

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

This program is consistent with our department's other renewable energy development activities, but at present, the state does not have any programs to assist industry in developing a marketable renewable product.

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.

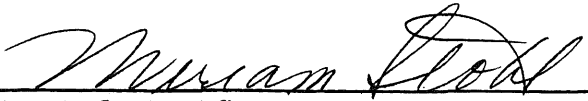
|                         |   |                    |                    |
|-------------------------|---|--------------------|--------------------|
| 1st year \$ <u>0</u>    | Percentage of total grant <u>    </u> % | Hard <u>    </u> % | Soft <u>    </u> % |
| 2nd year \$ <u>0</u>    | Percentage of 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 ☒ (Match is required, but it will be provided by a specific private company.)




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: Pass federal money through to proposing company as work is completed.  
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. Grant is pure pass through
- 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 ☐ 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 216C.02

  
Accounting Coordinator's Signature

4-21-95  
Date

  
Executive Budget Officer's Signature

4-24-95  
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: Development of Rapid Charger for Electric Vehicles  
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.

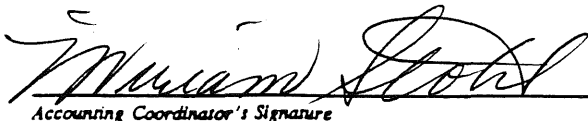
This award/proposal: Start Date: December 96 End Date: September 97  
Funding Amount: \$ 400,000 Positions: 0

- 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.  
This is an unsolicited proposal submitted on behalf of a local business interested in developing electric vehicle charging technology. There was no application guidance from federal agency.
- 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 develop a prototype large, rapid electrical charger (150 KW) capable of charging the batteries in an electric vehicle in ten minutes. The prototype charger will be the final product.
- 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 consistent with the Department's mission of developing alternative and renewable fuels. The project will be coordinated with existing AFV activities including Clean Fuels Minnesota.
- 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>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 X. No state funds required, proposing business will provide match.

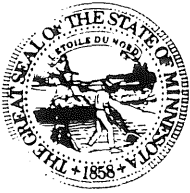
5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No  
If yes, what is the base year \_\_\_\_\_ and amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
- Short term: Pass money through to proposing business.  
Long Term: None
6. Are indirect costs included in the proposal? ☐ Yes ☒ No
- a. If indirect costs are not included in the proposal, indicate reason.  
This is a pass through 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. 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  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 216C.02
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

4-21-95  
Date

4-24-95  
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: Revenue  
Title of Project/Proposal: IRS/Minnesota Dept of Revenue Diesel Fuel Inspection Agreement  
Federal Catalog Number: TCP 001 (01) Continuation of other Federal Grant

Type of Grant: New \_\_\_\_ Continuation X 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: 3-27-95 End Date: 3-26-96  
Funding Amount: \$ 118,000 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.

Program was formulated by Internal Revenue Service & Federal Highway Administration

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

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.

Though this is a continuing effort to curb fuel tax evasion, it is a brand new program in addition to our other efforts.

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 \$ _____ | 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.

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?

Because we have implemented a similar program, any commitments are to ourselves and not the IRS.

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

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

Amount is not sufficient to warrant indirect cost plan.

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? 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

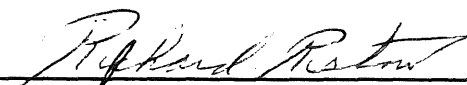
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No

13. Legal authority to apply for and accept grant.

Minnesota Statutes, Chapter 4, Section 7

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

4-14-95

Date

4/27/95

Date

**DEPARTMENT OF REVENUE/IRS DIESEL FUEL INSPECTION AGREEMENT  
ATTACHMENT FOR ITEM 2**

The Department of Revenue is entering into an agreement with the IRS to assist with enforcement of a diesel fuel dyeing program. The agreement is for one year and covers start-up costs of approximately \$18,000 and provides for up to \$100,000 based on the number of inspections conducted. The amount of reimbursement that will be claimed is unknown because the IRS has imposed some obstacles that will make it very difficult to accomplish the required number of inspections to claim the maximum amount. Also, of the forty dollars per inspection they have agreed to pay us, twelve dollars would go to the Highway Patrol when they are needed for enforcement. Details are still being worked out and it will probably be a couple months before we know the status of this agreement.





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: Trade & Economic Development  
Title of Project/Proposal: Council of State Government Environmental Initiative  
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: July, 1995 End Date: October, 1996  
Funding Amount: \$ up to \$150,000 Positions: tbd

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 MTO has discretion to define its project to promote our State's environmental industry in the int'l market place.

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 application is in the process of being completed. The MTO plans to develop environmental technology promotion tools and efforts for the int'l placement of our industry.

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 MTO recently received an award from the CSG for its environmental program. We work directly with the industry in promoting their technologies in int'l markets through directories and trade shows. This grant will extend that 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.

(2:1 match -- 2 in Kind match dollars for each \$1 grant)

|             |       |                           |         |      |         |      |         |
|-------------|-------|---------------------------|---------|------|---------|------|---------|
| 1st year \$ | _____ | Percentage of total grant | _____ % | 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 ☒



5. a. Does the grant contain a maintenance of effort requirement?        Yes   x   No  
If yes, what is the base year   N/A   and amount \$   N/A  

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

None beyond workplan activity.

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.   5.4   %

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   x   No

8. How many positions are needed to carry out this program?        New   2.0   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?   N/A   Yes   N/A   No

13. Legal authority to apply for and accept grant.

116J.035

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

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

Julay Chan  
Accounting Coordinator's Signature

James H. King  
Executive Budget Officer's Signature

4-25-95  
Date

4/25/95  
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: Department of Trade & Economic Development  
Title of Project/Proposal: Market Development Cooperator Program  
Federal Catalog Number: 11108

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: October, 1995 End Date: October, 1997  
Funding Amount: \$ 200,000 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.

The MTO was given the latitude to design a program based on its experience in developing marketing assistance in the international arena.

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 MTO has proposed to assist the medical and information technologies industries of Minnesota access their markets in Mexico and Brazil. If approved, the grant will permit the State to develop industry-specific marketing materials, conduct several trade missions, extend our international information network and measure our success.

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 provide funding necessary to develop materials to assist and position our State's companies in the medical and information technology industries. Without the funding we would not undertake the initiative.

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>270,000</u> | Percentage of total grant | <u>140</u> %  | Hard | <u>50</u> %   | Soft | <u>50</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   y   No  
If yes, what is the base year   N/A   and amount \$   N/A  

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

None beyond workplan activity.

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.   5.4   %

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?   X   Yes   v   No

8. How many positions are needed to carry out this program?        New   2.0   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?  
       Yes   X   No

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

13. Legal authority to apply for and accept grant.

116J.035

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

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

          Judy Charr            
Accounting Coordinator's Signature

          James M. King            
Executive Budget Officer's Signature

          4-25 95            
Date

          4/25/95            
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: Department of Trade & Economic Development  
Title of Project/Proposal: India Environmental Mission  
Federal Catalog Number: 11110

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

This request is in the following state:

Pre-application xy Application      Negotiation      Awarded     

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

This award/proposal: Start Date: June, 1995 End Date: June, 1996  
Funding Amount: \$ 25,000 Positions: none

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

The MTO will use the federal funding to promote the State's environmental industry in India through matchmaking activities, market research and product/technology promotion. The NASDA program provides wide latitude to undertake these activities.

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 above.

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 existing MTO trade show programs provide a model for developing this initiative. The dollars received will be used to pay for costs not otherwise incurred by the MTO.

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 xy

5. a. Does the grant contain a maintenance of effort requirement?        Yes   x   No  
If yes, what is the base year   N/A   and amount \$   N/A  

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

None beyond workplan activity.

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.   5.4   %

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   x   No

8. How many positions are needed to carry out this program?        New   2.0   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?   N/A   Yes   N/A   No

13. Legal authority to apply for and accept grant.

116J.035

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

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

Judy Chalm  
Accounting Coordinator's Signature

James M. King  
Program Budget Officer's Signature

4-25-95  
Date

4/25/95  
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: Trade & Economic Development  
Title of Project/Proposal: Red River Trade Corridor  
Federal Catalog Number: 11305

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: July, 1996  
Funding Amount: \$ 75,000 Positions: none

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

The MTO works in collaboration with the University of Minnesota-Crookston, in securing this grant. The project scope must meet the criteria of the EDA.

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.

Although this is a new grant for the development of a mid-continent trade corridor, it is a continuation of a grant project. The MTO will receive regular reports from the Red River Trade Corridor throughout the progress of this pass-through grant.

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

This grant extends the scope of the MTO in developing the trade potential of NW and Western Minnesota through the use of federal dollars.

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. (Provided by the University of Minnesota-Crookston: NOT the State of MN)

|             |               |                           |               |      |               |      |               |
|-------------|---------------|---------------------------|---------------|------|---------------|------|---------------|
| 1st year \$ | <u>12,000</u> | Percentage of total grant | <u>20</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   X   No  
If yes, what is the base year   N/A   and amount \$   N/A  

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

None beyond workplan activity.

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

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

EDA eliminated indirect in letter to DTEO, we are  
passing through grant to Uof M-Crookston.

b. If indirect costs are included in the proposal, indicate the indirect cost rate.   0.0   %

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?   X   Yes        No Uof M Crookston match.

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

9. Will the award supply funding of <sup>state</sup> 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?   N/A   Yes   N/A   No

13. Legal authority to apply for and accept grant.

116J.035

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

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

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: Trade & Economic Development  
Title of Project/Proposal: Mid-America Agri-Trade Council  
Federal Catalog Number: 10156

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: August, 1995 End Date: September, 1996  
Funding Amount: \$ 55,000 Positions: none

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

MTO may seek funding for the promotion of branded foods and unique MN value-added food products.

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

The proposal will seek funding to promote the State's organic and wild rice products.

This activity will be carried out through trade show promotions and market placement of Minnesota food products.

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 supplement the other activities of the MTO without the funding the MTC would not undertake this initiative.

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 \$ | _____ | 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   x   No  
If yes, what is the base year   N/A   and amount \$   N/A  

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

None beyond workplan activity.

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.   5.4   %

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   x   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   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?   N/A   Yes   N/A   No

13. Legal authority to apply for and accept grant.

116J.035

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

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

Judy Chaur  
Accounting Coordinator's Signature

James M. King  
Executive Budget Officer's Signature

4-25-95

Date

4/25/95

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: Higher Education Coordinating Board  
Title of Project/Proposal: Learn and Serve America  
Federal Catalog Number: CFDA Number 94.005 OMB Number 3045002

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: July 1, 1995 End Date: June 30, 1996  
Funding Amount: \$ 200,000.00 Positions:

- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Discretion is limited by the fact that proposed program activities must reflect the five National Issue Area Priority Areas identified by proposal guidelines. While MHECB will receive 5% of the grant amount to support program administration, administrative activities must respond to the needs and directives of the federal agency and to the needs of campus grantees.
- 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 supports efforts to make service an integral part of the education and life experience of students in the nation's colleges and universities. Activities supported by the grant will consist of providing subgrants to 2-3 campuses for model campus-community collaborative projects that provided direct service to meet community needs. Final reports on grant activities will be submitted by each campus grantee.
- 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 -
- 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> % |

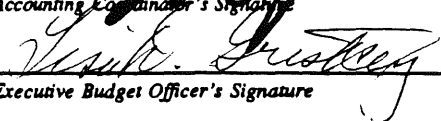
Check here if no match is required ☒.

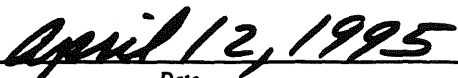
5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No  
If yes, what is the base year \_\_\_\_\_ and amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
The state is making a short term commitment during the grant period of one year to comply with the federal rules and regulations related to administering the federal grant program and to management of federal funds. No long term commitment is made by accepting the grant.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %
- 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? \_\_\_\_\_<sup>0</sup> 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.

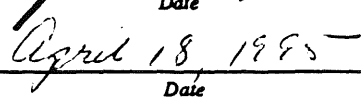
136.

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

TO: Lisa Griskey  
MN Dept of Finance  
297-1343

FROM: Nancy Walters  
MHECB  
296-9777

The response to item 3 follow. Please call me if you have additional questions.

3. The proposed program is similar to a three year grant of approximately \$335,000 to MHECB from the Corporation for National Service that is now in its final year. The end date for that grant is July 31, 1995. Under that three year grant MHECB awarded subgrants to MN postsecondary institutions and cooperating agencies for campus community service projects and for statewide provision of technical assistance and training to campuses interested in pursuing community service opportunities. As has been done with the current program, the proposed program will be coordinated with other federal community service funds and state Youth Works activities through the initiatives and activities of the MN Commission on National Service. MHECB is a member of the MN Commission.





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: Minnesota Department of Education (MDE)  
Title of Project/Proposal: Team Nutrition Training Grant for Healthy School Meal  
Federal Catalog Number: No Federal Catalog Number

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 1, 1995 End Date: September 30, 1996  
Funding Amount: \$ 199,868 Positions: 1 Professional Staff  
.75 Clerical Staff

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.  
MDE had the opportunity to apply for the grant. The grant allows for activities related to training of school food and nutrition personnel so that school meals provided are consistent with the new USDA nutrition requirements and the Dietary Guidelines for Americans.
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 Team Nutrition Training Grant for Healthy School Meals project directed by MDE will provide school food and nutrition personnel with the education, training and resources necessary to provide school meals that are consistent with the USDA nutrition requirements and the Dietary Guidelines for Americans.
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 system has been designed to provide the training necessary for school food and nutrition personnel to implement the new USDA nutrition requirements and the Dietary Guidelines for Americans. Trainer groups will be modeled after and formed in part by utilizing the already established Trainer Network in Minnesota.
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 \$ _____ | 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.

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 grant period is for fifteen (15) months.

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. 12.7 %

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? 1.75 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 Temporary staff for the term of the project.

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

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

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

John E. Wickham  
Accounting Coordinator's Signature

[Signature]  
Executive Budget Officer's Signature

April 24, 1995  
Date

4/25/95  
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: Department of Public Safety - BCA  
Title of Project/Proposal: Breath Alcohol Testing System - Network  
Federal Catalog Number: 20600

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: Est. 7-1-95 End Date: 3 years F.Y. 96 \$282,400  
Funding Amount: \$ 564,800 Positions: 0 F.Y. 97 \$282,400

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 BCA Lab had full discretion in the proposal made. The dollar amount available was dictated by Office of Traffic Safety. The BCA Lab would make monthly expenditure reports to Office of Traffic Safety.

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 grant narrative.

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 grant narrative

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 \$ _____ | 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.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 15.78 %
- 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 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. 4.07

Daniel E. Bortin  
Accounting Coordinator's Signature

Virginia H. Davis  
Executive Budget Officer's Signature

4-26-95  
Date

4-26-95  
Date

DEPARTMENT OF PUBLIC SAFETY  
BCA FORENSIC SCIENCE LABORATORY  
TRAFFIC SAFETY GRANT

BREATH ALCOHOL TESTING SYSTEM - NETWORK  
(BATS-N)

PROBLEM STATEMENT

With 32,000 drunken driving arrests and 196 alcohol related fatalities in 1993, DWI's remain a major area of concern for traffic safety in the state of Minnesota. Alcohol concentrations were determined by breath alcohol testing (Intoxilyzer 5000) in about 78% of the DWI's. The Department of Public Safety (DPS), Bureau of Criminal Apprehension, Forensic Science Laboratory manages the statewide breath alcohol testing program in Minnesota. The DPS has over 200 Intoxilyzer 5000 breath alcohol testing instruments and distributes them to local departments.

Quality assurance and maintenance of over 200 Intoxilyzers is critical to the courts accepting breath alcohol results in DWI trials. With declining resources and aging instruments these maintenance and quality assurance functions are breaking down, placing the states's DWI program in jeopardy. Automating data acquisition and maintenance functions through a instrument computer network would allow for remote monitoring of equipment to assure their proper function and detect malfunctions before they become critical.

OBJECTIVE

To link all Intoxilyzer 5000's in the state via computer modem to a central server at the Bureau of Criminal Apprehension (BCA). To implement a software program that would :

1. allow for the direct transmission of all test data from individual instruments to the BCA.
2. allow the BCA to do quality assurance testing of Intoxilyzer 5000's remotely.
3. allow for driver information entry via the magnetic strip on the new Minnesota driver's license.

METHOD

Both hardware and software are available for the implementation of a statewide Breath Alcohol Testing System Network, or BATS-N. The initial program implementation plan would convert high use Intoxilyzers for data acquisition and modify available software to accommodate Minnesota's statutes and rules.

The remainder of the Intoxilyzers would be converted based on DPS initiatives through the State of Minnesota budget. The Legislative initiative would establish funding for the periodic replacement of Intoxilyzer 5000's.

## BUDGET

The following budget would convert 50 high use Intoxilyzer 5000's for computer linking. A server and associated software would be installed at the BCA. Labor costs are included to adapt and test the software, install and test instruments and the system at a pilot location, install converted instruments at the remaining remote sites, train operators to operate modified Intoxilyzers, and the management of data transmissions from the remote sites.

### Breath Alcohol Testing Network Equipment and Installation

| <u>DESCRIPTION</u>                          | <u>UNIT COST</u> | <u>TOTAL</u> |
|---|------------------|--------------|
| 50 Data Communication Instrument Conversion | \$ 8,000         | \$400,000    |
| 1 PC network server w/printer               | \$10,000         | \$ 10,000    |
| 1 BATS-N software                           | \$30,000         | \$ 30,000    |
| 1 Installation 2,080 hrs. @ \$40/hr         | \$83,200         | \$ 83,200    |
| 1 Data management 2,080 hrs. @ \$20/hr.     | \$41,600         | \$ 41,600    |
|   | TOTAL            | \$564,800    |

## EVALUATION

During the 12 months following the installation of the network and units, repair and maintenance data will be evaluated to determine if there are improvements in individual unit and total system performance.

An evaluation will also be done to determine if direct data transmission of individual breath alcohol test information provides more accurate and detailed information than the current method of stored paper records.



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: Department of Public Safety  
Title of Project/Proposal: National Criminal History Improvement Program(NCHIP)  
Federal Catalog Number: NCJ-151173

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: 8/1/95 End Date: 7/31/96  
Funding Amount: \$ 900,000.00 (est.) Positions: 0

FY 96 800,000  
FY 97, 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.  
States are limited to core activities identified in the grant which include increasing accessibility by automating records, establishing interfaces, evaluating, auditing and monitoring progress.
- 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 enable states to provide accurate and useful criminal records & to improve the nation's public safety by facilitating the accurate & timely identification of persons who are ineligible to purchase firearms & enhancing the quality, completeness & accessibility of the nation's criminal history record systems.
- 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 closely to previous federal grant programs to improve criminal history records & must be coordinated with the 5% set-aside dollars from the Federal drug grants that must be dedicated to criminal records improvements. Also coordinated with internal DPS CJ records improvement efforts & initiatives of the Criminal & Juvenile Justice Information Policy Group.
- 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>0</u> | Percentage of total grant <u>    </u> % | Hard <u>    </u> % | Soft <u>    </u> % |
| 3rd year \$ <u>0</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 X 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 X No
- a. If indirect costs are not included in the proposal, indicate reason.  
The Department of Public Safety works continually on the improvement of Criminal History & other Criminal Justice Records  
ddd
- 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 X 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 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.  
M.S.A. 4.07
14. Will the program involve a change in existing state rules? \_\_\_\_\_ Yes X No
15. Will the program require new rules? \_\_\_\_\_ Yes X No

Accounting Coordinator's Signature

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

Date \_\_\_\_\_

*i. h. m.*



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: Department of Public Safety - State Fire Marshal Division  
Title of Project/Proposal: Arson Grants  
Federal Catalog Number:

Type of Grant: New ☒ Continuation ☐ Other ☐ If Other, Please Explain.  
Proposed - In Congress now

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: Late 1995 End Date: Late 1997 F.Y. 96 \$100,000  
Funding Amount: \$ 200,000 Positions: 0 F.Y. 97 \$100,000

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.

We will be able to apply for one of 10 program areas that address arson reduction in the U.S.

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 proposed grant will be to reduce arson, create awareness and to research methods. A report will be required to address research aspects and to evaluate program goals and objectives.

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 will provide us with funding to study the arson problem as it relates to motive, societal changes and economic impact in total. We will develop relationships with other agencies/organizations with an interest in arson reduction.

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 \$ _____ | 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?

Short term commitment is to meet the obligations of the grant goals and objectives.

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

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

Salary costs are not part of this proposal, and indirect costs are based on salaries.

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 ☒ 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

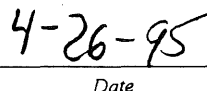
13. Legal authority to apply for and accept grant.

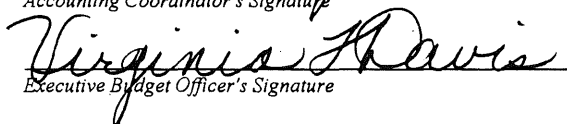
M.S. 4.07

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

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

  
Accounting Coordinator's Signature

  
Date

  
Executive Budget Officer's Signature

  
Date



Minnesota Department of 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: Department of Public Safety - State Fire Marshal Division  
Title of Project/Proposal: ~~Arson Grants~~ **NATIONAL FIRE Incident Reporting**  
Federal Catalog Number:

Type of Grant: New ☒ Continuation ☐ Other ☐ If Other, Please Explain.  
Proposed - In Congress now

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: Late 1995 End Date: Late 1997 F.Y. 96 \$50,000  
Funding Amount: \$ 100,000 Positions: 0 F.Y. 97 \$50,000

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.

Discretion in program selection and adm/staffing selection area - We were able to describe th need in Minnesota using existing data regarding the fire problem.

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

The purpose is to increase the number of fire departments reporting into the Minnesota fire incident reporting system and to develop public education efforts based on the fire problem.

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.

We are limited by funds to assist local fire departments in meeting data reporting needs. Likewise funds to develop public educational materials for locals is limited. These funds will be develop and disceminate assistance and materials to those departments reporting into the MFIRS 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 \$ _____ | 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 short and long term commitment is maintenance of the reporting departments into the MFIRS program and assistance with resource materials.

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

Salary costs are not part of this proposal, and indirect costs are based on salaries.

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 ☒ 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 state rules? ☐ Yes ☒ No

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

Daniel E. Boylston  
Accounting Coordinator's Signature

4-26-95  
Date

Virginia Davis  
Executive Budget Officer's Signature

4-26-95  
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 Safety  
Title of Project/Proposal: Commercial Vehicle Information System (CVIS)  
Federal Catalog Number: MC 95-19-444

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.

FY96 500,000  
FY97 300,000

This award/proposal: Start Date: June 1, 1995 End Date: January 1, 1997  
Funding Amount: \$ 800,000.00 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.

MN was given a great deal of discretion in both the administrative and program selection area as long as we met the criteria of the project; to track and identify the unsafe motor carrier.

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 Vision Statement. The activities will include the continuation of the Compliance Reviews by the FHWA and MNDOT, the collaboration by the 4 agencies involved: FHWA, MNDOT, DPS-Patrol, DPS-Prorate, notification to the motor carrier/registrator in the various stages of the process. A final report is due to Congress January 1, 1997 on the results of this project; that is the number of unsafe vehicles that could be removed/denied registration based on this becoming a National program in all 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.

This program relates to the compliance reviews currently conducted by the Federal Highway Administration - MN office (FHWA), and MNDOT - Motor Carriers Services Office and enforced by the MN State Patrol. The new portion of this program will tie the registration of the vehicle to the enforcement/safety action and notify in addition to the registrant, the owner and lien holder of the unsafe status of the vehicle.

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 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 commitment is for a period of 18 months, ending January 1, 1997. The commitment is to: conduct Compliance Reviews (currently do), to coordinate the results of those reviews with the registration of the vehicles, to notify the registrant, owner, lienholder of the status of the vehicle in the CVIS process - meaning had this been a program as opposed to a pilot what effect their rating would have on their ability to operate the vehicle.
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 salaries are involved.*
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. NA %
- 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
9. Will the award supply funding of present positions? \_\_\_\_\_ Partial \_\_\_\_\_ Full ☒ None
10. Will new positions be funded entirely by the grant award? \_\_\_\_\_ Yes \_\_\_\_\_ No NA
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  
\_\_\_\_\_ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? \_\_\_\_\_ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
\_\_\_\_\_ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? \_\_\_\_\_ Yes \_\_\_\_\_ No
13. Legal authority to apply for and accept grant.

MN.MS 407 Subd 1 &amp; 2

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

*Daniel E. Boynton*  
Accounting Coordinator's Signature*[Signature]*  
Executive Budget Officer's Signature4-24-95  
Date4-24-95  
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: Health  
Title of Project/Proposal: Minnesota Practitioners' Genetics Education Project  
Federal Catalog Number: 93.110

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: 10/01/95 End Date: 09/30/98  
Funding Amount: \$ 75,982. Annually Positions: Coordinator, secretary

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 purpose of this funding source was specific: "demonstration of innovative approaches that will enhance knowledge and understanding of genetics among primary care providers in Title V (MCH) programs or federally qualified community health centers."

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

- A. Develop consortium to plan expansion of technical support capacity: strengthen collaborative ties, promote improved communication, develop cooperative information system, identify other specialists.  
B. Provide expanded and innovative genetics continuing education opportunities: identify current activities and gaps in content, area, or practitioners, implement and maintain a plan, raise awareness, utilize new strategies to increase information access.

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

This project seeks to broaden the genetics-related activities of the Minnesota Department of Health (MDH) beyond newborn screening and support to Minnesota Children with Special Health Needs (MCSHN) by establishing MDH as a facilitator to work with the state's clinical geneticists in improving the knowledge of primary care practitioners about genetics.

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 \$ _____ | 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.

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.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 16 %
- 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 N/A
8. How many positions are needed to carry out this program? 2 P-T New 1 P-T 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 Stats. 144.074

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

4/24/95  
Date

4/27/95  
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: Health  
Title of Project/Proposal: Lead Program Cooperative Agreement  
Federal Catalog Number: for State Accreditation  
66-707

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

This request is in the following state:

Pre-application \_\_\_\_ Application XX 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: 7/1/95 End Date: 9/30/96  
Funding Amount: \$ 579,880 Annually Positions: 10

- 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 exercised discretion to expand Lead Program activities in medical and environmental lead data collection, public outreach and health education, and accreditation of residential, lead-related occupations. The pollution control agency would be a subgrantee and would perform activities related to disposal of lead waste and abrasive blasting of lead-based paint.
- 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.  
Funding is for establishment or expansion of state lead programs with the objectives of protecting public health and of conforming with the federal plan for accreditation of individuals and companies engaged in lead-based paint activities.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
The department has had a Lead program since 1986; beginning with medical and environmental lead data collection and health education and has had rules on accreditation of residential, lead-related occupations since 1991.
- 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 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, the state commits-to spending the grant funds for the activities described in the grant application and summarized in item 2, above. Long term, the state commits to accreditation of lead-related occupations in a manner that is at least as restrictive as the federal requirements.

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 %

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? 5 New 5 Existing

9. Will the award supply funding of present positions? ☐ Partial 5 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.

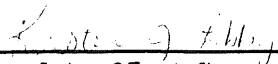
M.S. 144.09

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

4/24/95  
Date

  
Executive Budget Officer's Signature

4/24/95  
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: Health  
Title of Project/Proposal: Enhancing Traumatic Brain Injury Surveillance and Followup in MN  
Federal Catalog Number: 93.136

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: September 1, 1995 End Date: August 31, 1998  
Funding Amount: \$485,000 Annually Positions: six 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.

Please 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.

Please see attached.

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

Please see attached.

4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (in-kind) 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 | _____% |

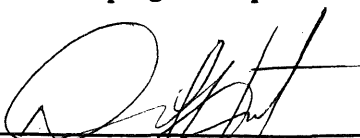
Check here if no match is required ☒.



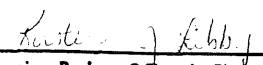
5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No  
If yes, what is the base year \_\_\_\_\_ and amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
Please see attached.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No  
a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 16 %
- 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? 5 New 1 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?  
☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.

144.074

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

4/24/95  
Date

  
Executive Budget Officer's Signature

\_\_\_\_\_  
Date

**Attachment  
Policy Note  
April 21, 1995**

**Enhancing Traumatic Brain Injury Surveillance and Follow-up in  
Minnesota  
Minnesota Department of Health**

1. This agency was allowed discretion in the areas of administration and staffing, and in designing the research study. The program area was selected and defined by the Federal Granting Authority (the Centers for Disease Control).
2.
  - a. The purpose of Part 1 is to ensure that the existing TBI Registry is population based, and that data are valid, of high quality, and are useful for policy formulation, program development and implementation, and evaluation.
  - b. The purpose of Part 2 is to design a follow up registry to better describe the longer term impact of TBI in Minnesota. Annual reports will be produced, as will, it is expected, a series of recommendations as to what resources or plans may be necessary to continue the Follow-up Registry in the future. Activities will include continued collaborative work with hospital staffs, neuropsychologists, psychiatrists and neurosurgeons, the Minnesota Head Injury Association (MHIA), and the Departments of Human Services and Economic Security, to collect and interpret the data.
3. The proposed program relates to the Traumatic Brain and Spinal Cord Injury Registry, operated out of the Minnesota Injury Prevention Program, Center for Health Promotion, Division of Family Health, Minnesota Department of Health. The same work unit operating the current Registry is the work unit preparing this grant application. This application provides resources to validate the data currently collected (Part 1 of the application), and to test the feasibility for conducting a more exhaustive follow-up study (Part 2), something which our colleagues in other state agencies and in the MHIA have long supported. The new grant program will be advised by the same external body currently advising the Registry effort at the MDH, so as to coordinate this effort with existing efforts and interests in other state agencies, and in Minnesota's hospitals.

**Attachment, Page Two**  
**Policy Note**  
**April 21, 1995**

5.   b.   This grant is for three years, and is of specific project nature. The implications derived from the grant will affect Registry design and long-term use of the data, but will not engender commitments beyond the three project years. The short-term commitments relate to accomplishing the proposed objectives (staff recruitment, refine study design, conduct analyses, abstract data, etc.), within the specified timeframes.



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: **Agriculture**  
Title of Project/Proposal: **Developing/Storing and Marketing Options for Winter Squash**  
Federal Catalog Number: **10-156**

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: Sept. 1, 1995 End Date: June 30, 1997  
FY 96 15,000 Funding Amount: \$ 25,000 Positions: -0-  
FY 97 10,000

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

Department has complete discretion in 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 objectives will be to 1) assess market windows for winter squash to identify opportunity for higher-priced sales; 2) investigate storage technology to allow squash producers to store product until more profitable sales can be made.

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

The program will be coordinated with the Minnesota Grown program, which is the state's program for encouraging agricultural diversification. Encouraging production and profitable marketing of alternative crops such as winter squash is consistent with this 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>15,000</u> | Percentage of total grant | <u>50</u> %     | Hard | <u>      </u> % | Soft | <u>100</u> %    |
| 2nd year \$ | <u>10,000</u> | Percentage of total grant | <u>50</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       .

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?

None :

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

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

FSMIP rules specifically do not permit the payment of indirect costs.

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 .25 Existing

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

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

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

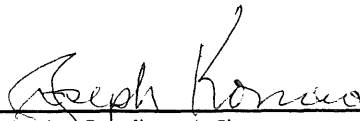
13. Legal authority to apply for and accept grant.

M.S. 4.07

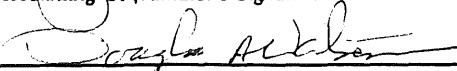
M.S. 17.03

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

4/24/95  
Date

  
Executive Budget Officer's Signature

4/24/95  
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: **Agriculture**  
Title of Project/Proposal: **Assessing Wild Rice Processing Practices**  
Federal Catalog Number: **10-156**

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, 1996 End Date: June 30, 1977  
FY 96 20,000 Funding Amount: \$ 20,000 Positions: -0-  
FY 97 -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.

Agency had complete latitude in preparing 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.

The objective is to assess the market implications of various processing methods of wild rice to determine if one or more of the methods results in a more convenient or consistent final product.

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 relates to efforts of the AURI in identifying new uses for agricultural commodities. The project will be coordinated with these efforts.

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>20,000</u> | Percentage of total grant <u>50</u> %     | Hard <u>      </u> % | Soft <u>X</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?

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

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

FSMIP rules specifically prohibit the use of FSMIP dollars for indirect costs.

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? ☐ -0- New ☐ -0- Existing

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

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

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

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

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

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

13. Legal authority to apply for and accept grant.

M.S. 4.07

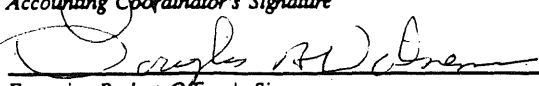
M.S. 17.03

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

4/24/95  
Date

  
Executive Budget Officer's Signature

4/24/95  
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: Agriculture  
Title of Project/Proposal: Plant Pest & Animal Disease Program  
Federal Catalog Number: 10-025

Type of Grant: New \_\_\_\_\_ Continuation \_\_\_\_\_ Other X If Other, Please Explain.  
Increment application for funds. Original grant title: CAPS & Biocontrol  
Project Proposals, in the federal funding amount of \$24,500.00.

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: 5-14-95 End Date: 9-30-95  
Funding Amount: \$ \$83,492 Positions: 13 - Seasonal

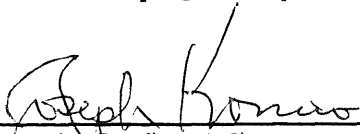
- State Fiscal Year 1995 = \$28,000, State Fiscal Year 1996 = \$55,492
1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
Application will be prepared in consultation with the USDA. Discretion will be in the 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. Statewide pest survey data collection, electronic transfer of local data to USDA national data base, exotic pest detection surveys to support export enhancement and interstate movement of raw agricultural commodities, develop biological control strategies, Gypsy moth survey and control in a continuing exclusion and 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.  
Existing Statewide surveys for plant pest control complement the USDA national and international concerns with the movement of plant pests and their control.
  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.

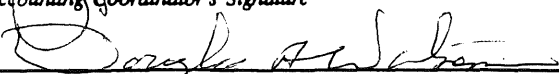
|             |               |                           |             |      |             |      |             |
|-------------|---------------|---------------------------|-------------|------|-------------|------|-------------|
| 1st year \$ | <u>86,860</u> | Percentage of total grant | <u>51</u> % | Hard | <u>35</u> % | Soft | <u>65</u> % |
| 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?  
Short term commitments only to the extent of work plan and programs.  
No long term commitment intended or granted.
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. 21.82 %
- 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? 13 New ☐ Existing seasons?
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. Chapter 17.03 Subd. 3  
M.S. Chapter 04.07 Subd. 3
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

4/24/95  
Date

4/24/95  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: NPDES Watershed EPA Priority Grants  
Federal Catalog Number: 66.463

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: October 1995 End Date: September 1997  
Funding Amount: \$ 121,000 FY96 Positions: 2  
121,000 FT97

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 grant is submitted as an EPA priority project. The agency has discretion within the guidance provided by EPA. Priority this round is for municipal stormwater permits.

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 develop a General Stormwater Permit for municipal entities within the metro area; develop same for greater Minnesota public entities; and develop procedures for identifying potential applicants.

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 be administered in the Water Quality Stormwater unit. We will coordinate with the Board of Water and Soil Resources and the Metropolitan Council.

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>6,050</u> | Percentage of total grant | <u>5</u> % | Hard | _____ % | Soft | <u>100</u> % |
| 2nd year \$ | <u>6,050</u> | Percentage of total grant | <u>5</u> % | Hard | _____ % | Soft | <u>100</u> % |
| 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?
- No commitment beyond the grant.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 31.91%
- 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
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 state rules? \_\_\_\_\_ Yes ☒ No
15. Will the program require new rules? \_\_\_\_\_ Yes ☒ No

*Gene Johnson*  
Accounting Coordinator's Signature

*David Alderman*  
Executive Budget Officer's Signature

*Apr 24, 1995*  
Date

*4/25/95*  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: Clean Lakes Program (314)  
Federal Catalog Number: 66.435

Type of Grant: New \_\_\_\_\_ Continuation x 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: June 1995 End Date: June 1997  
Funding Amount: \$ 112,500 FY96 Positions: .25 FTE  
112,500 FY97

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 much latitude on what projects to submit. They must be publicly owned, fresh water lakes.

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.

Advanced monitoring at Crystal Keller Lake (\$33,333) and six projects at Lake Bemidji (\$191,666) including: economic value of water protection; stormwater control; refinement of GIS; integrating bio-criteria analyses with Mississippi Headwaters; Lake Irvine loading potential; and reviewing effectiveness of environmental information

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.

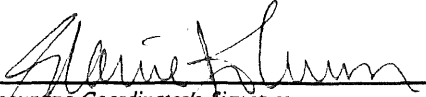
This relates to the Clean Water Partnership program, which is similar in policy and purpose, but funded with general fund dollars.


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>56,250</u> | Percentage of total grant <u>50</u> % | Hard <u>100</u> % | Soft _____ % |
| 2nd year \$ <u>56,250</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 \_\_\_\_\_.

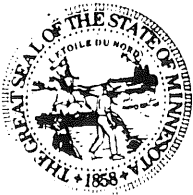
5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No  
If yes, what is the base year \_\_\_\_\_ and amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
No commitment beyond the grant.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No  
a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 31.91%
- 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 .25 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No
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 state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

  
Executive Budget Officer's Signature

4/26/95  
Date

4/26/95  
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 Pollution Control Agency  
Title of Project/Proposal: PFA Revolving Loan  
Federal Catalog Number: Inter-agency Agreement

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

This request is in the following state:

Pre-application \_\_\_\_\_ Application \_\_\_\_\_ Negotiation x 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: July 1, 1995 End Date: June 30, 1997  
Funding Amount: \$ 595,000 FY96 Positions: 8.5  
595,000 FY97

- 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.  
These are the 4% administrative funds allowed from the federal capitalization grant to the Water Pollution Control Revolving Fund. This grant is to the Public Facilities Authority and funds are transferred through an inter-agency agreement. Federal law regulates allowable costs.
- 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 administration of the state revolving fund.

- 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 works in conjunction with the PFA on administration of Water Pollution Control Fund activities, grants and loans.

- 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>119,000</u> | Percentage of total grant | <u>20</u> % | Hard | <u>100</u> % | Soft | _____ % |
| 2nd year | \$ <u>119,000</u> | Percentage of total grant | <u>20</u> % | Hard | <u>100</u> % | 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 state has established a revolving loan fund that will have administrative needs once the federal government ceases to provide additional money.

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. 31.91 %

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 8.5 Existing

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

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

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

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

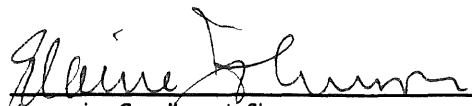
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No

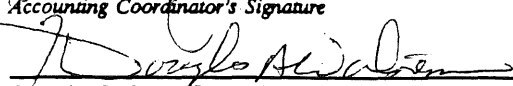
13. Legal authority to apply for and accept grant.

MS 116.03

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

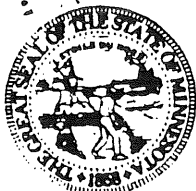
15. Will the program require new rules? \_\_\_\_\_ Yes ☒ No

  
Accounting Coordinator's Signature

  
Executive Budget Officer's Signature

4/23/95  
Date

4/25/95  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: Mercury off-set trading between point and non-point sources.  
Federal Catalog Number: Clean Water Act section 104 (b)(3)

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: 10/1/95 End Date: 9/30/97  
Funding Amount: \$ 184,000 Positions: 2  
FY96 = 100,000 FY97 = \$84,000

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

The MPCA has the discretion to hire new staff or contract the work out.

2. Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The MPCA will study whether electricity producers can economically control emissions as compared to mercury recycling and/or substitution of other products for those products that contain mercury.

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 study will have a direct tie to the Great Lakes National Program Offices, U.S. EPA, Virtual Elimination program for mercury.

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>5,000</u> | Percentage of total grant | <u>33.3</u> % | Hard | <u>      </u> % | Soft | <u>100</u> % |
| 2nd year | \$ <u>5,000</u> | Percentage of total grant | <u>33.3</u> % | Hard | <u>      </u> % | Soft | <u>100</u> % |
| 3rd year | \$ <u>5,000</u> | Percentage of total grant | <u>33.4</u> % | Hard | <u>      </u> % | Soft | <u>100</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?  
A report on the economic costs and benefits of controlling mercury emissions through an emissions trading program as compared to mercury recycling and/or product substitution costs.
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. 31.91 %
- 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.

M.S. 116.03

Accounting Coordinator's Signature

Executive Budget Office'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: Minnesota Pollution Control Agency  
Title of Project/Proposal: Development of a Multi-Media Environmental Impact Model  
Federal Catalog Number: Clean Water Act Section 104 (b)(3)

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: 10/1/95 End Date: 9/30/97  
Funding Amount: \$ 150,000 Positions: 0

FY96 = 90,000 FY97 = 60,000

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

The grant is available specifically for non-profit, research and monitoring programs, including state agencies that deal with health risk assessment and air toxics issues and problems.
2. Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The MPCA will develop a multi-media environmental impact model to more realistically standardize the environmental assessment of facilities emitting air toxics. The model will integrate the transport of air toxic emissions and the bioaccumulation of the toxicants into a single-analysis system.
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 model development work will be conducted by MPCA staff in the Air Quality Division in conjunction with scientists involved with other Great Lakes air toxics, and modeling research. The model to be developed will subsequently be used by the Air Toxics Unit for facility-specific air toxics assessments.
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>24,000</u> | Percentage of total grant <u>40</u> % | Hard <u>100</u> % | Soft <u>    </u> % |
| 2nd year \$ <u>24,000</u> | Percentage of total grant <u>40</u> % | Hard <u>100</u> % | Soft <u>    </u> % |
| 3rd year \$ <u>12,000</u> | Percentage of total grant <u>20</u> % | Hard <u>100</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? \_\_\_\_\_

Develop a multi-media model and provide documentation on the model cost.

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. 31.91 %

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 No new positions anticipated.

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 state rules? ☐ Yes ☒ No

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

Glaine Johnson  
Accounting Coordinator's Signature

Douglas Anderson  
Executive Budget Officer's Signature

4-21-95  
Date

4/24/95  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: Underground Storage Tank Training  
Federal Catalog Number:

Type of Grant: New ☒ Continuation ☐ Other ☐ If Other, Please Explain.  
These funds may be included in the original FY95 grant as an amendment.

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: June 1, 1995 End Date: September 30, 1995  
Funding Amount: \$ 10,000 Positions: -0-  
FY96 10,000 FY97 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.  
MPCA identified a need and asked for the funds for this specific project. The Agency has no discretion to use the funds for other tasks.
2. Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The funds will be used to hire trainers, room rental, states' personnel training on leak detection and corrosion protection.
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 special project will provide training to staff on up-to-date technologies and techniques on leak detection and corrosion protection to the staff who conduct inspections on these systems.
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>10,000</u> | Percentage of total grant | <u>25</u> %     | Hard | <u>25</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       .

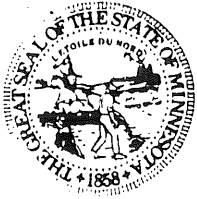
5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No  
If yes, what is the base year \_\_\_\_\_ and amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
To provide the specified training to staff.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No  
a. If indirect costs are not included in the proposal, indicate reason.  
No salary or funding costs are in the grant
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. -0- %
- c. If rate charged is different than agencies approved rate, indicate reason. Attach copy of Budget Operations specific exemption.  
n/a
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 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 n/a
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? n/a  
☐ Yes ☐ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off? n/a  
☐ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.  
Mn. Stat. 116.03
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Glenn J. Luss  
Accounting Coordinator's Signature

Douglas A. Welch  
Executive Budget Officer's Signature

4-21-95  
Date

4/24/98  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: Great Lakes-GLNPO  
Federal Catalog Number: 66.505

Type of Grant: New \_\_\_\_\_ Continuation x 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: 10/1/95 End Date: 9/30/97  
Funding Amount: \$ 192,000 FY96 Positions: 2.5  
192,000 FY97

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 MPCA proposed these projects in a competitive selection 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.

Grant projects will reduce toxic inputs to the St. Louis River and Lake Superior by contaminated sediments and from caustic soda.

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 enhances our geographic initiative in the St. Louis River and Lake Superior.

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>9,600</u> | Percentage of total grant <u>5</u> % | Hard _____ % | Soft <u>100</u> % |
| 2nd year \$ <u>9,600</u> | Percentage of total grant <u>5</u> % | Hard _____ % | Soft <u>100</u> % |
| 3rd year \$ _____        | Percentage of total grant _____ %    | Hard _____ % | Soft _____ %      |

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

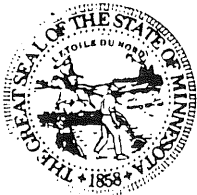
5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No  
If yes, what is the base year \_\_\_\_\_ and amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
No commitment beyond completion of the grant.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No  
a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 31.91%
- 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 2.5 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 state rules? \_\_\_\_\_ Yes ☒ No
15. Will the program require new rules? \_\_\_\_\_ Yes ☒ No

Glenn Johnson  
Accounting Coordinator's Signature

Douglas M. Johnson  
Executive Budget Officer's Signature

4-21-95  
Date

4-24-95  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: Nonpoint Source Implementation  
Federal Catalog Number: 66.459

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

This request is in the following state:

Pre-application \_\_\_\_\_ Application \_\_\_\_\_ Negotiation \_\_\_\_\_ Awarded x

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: November 1994 End Date: November 1996  
Funding Amount: \$ 685,000 FY96 Positions: 6  
285,000 FY97

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 great discretion on specific activities to include in the grant application. All activities must support nonpoint source pollution prevention and control.

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.

Provides a base level for nonpoint source implementation efforts in the state, plus pass-through grants to implement specific 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.

Closely coordinated with many state programs such as feedlots and state revolving fund. Also provides funding to other state programs, for example, within the Dept. of Agriculture.

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>274,000</u> | Percentage of total grant | <u>40</u> % | Hard | <u>100</u> % | Soft | _____ % |
| 2nd year \$ | <u>114,000</u> | Percentage of total grant | <u>40</u> % | Hard | <u>100</u> % | Soft | _____ % |
| 3rd year \$ | _____          | Percentage of total grant | _____ %     | Hard | _____ %      | Soft | _____ % |

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



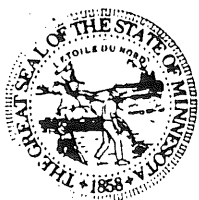
5. a. Does the grant contain a maintenance of effort requirement? ☒ Yes ☐ No  
If yes, what is the base year FFY 1985-86 and amount \$ 43,144.
- b. What short and long term commitments is the state making by acceptance of this grant?  
The state is committed to nonpoint source pollution control.
6. Are 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. 31.91 %
- 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 6 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 state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Glenn Schum  
Accounting Coordinator's Signature

Douglas A. Watson  
Executive Budget Office's Signature

4-23-95  
Date

4/24/95  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: Region V - Great Lakes Program  
Federal Catalog Number: 66.505

Type of Grant: New \_\_\_\_\_ Continuation x 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: 10/1/95 End Date: 9/30/97  
Funding Amount: \$ 83,000 FY96 Positions: 2  
83,000 FY97

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.

MPCA proposed these projects.

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

Grant will be used to develop a St. Louis River remedial action plan and a Lake Superior management plan.

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

This program augments our basin management initiative on the St. Louis River and Lake Superior.

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>4,150</u> _____ | Percentage of total grant <u>5</u> % | Hard _____ % | Soft <u>100</u> % |
| 2nd year \$ <u>4,150</u> _____ | Percentage of total grant _____ %    | Hard _____ % | Soft _____ %      |
| 3rd year \$ _____              | Percentage of total grant _____ %    | Hard _____ % | Soft _____ %      |

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

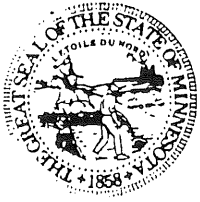
5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No  
If yes, what is the base year \_\_\_\_\_ and amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
No commitment beyond completion of grant.
6. Are indirect costs 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. 31.91%
- 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
9. Will the award supply funding of present positions? 2 FTE 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 state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Glaine Johnson  
Accounting Coordinator's Signature

Douglas Anderson  
Executive Budget Officer's Signature

4-21-95  
Date

4/24/95  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: Russian Project  
Federal Catalog Number:

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

This request is in the following state:

Pre-application \_\_\_\_\_ Application \_\_\_\_\_ Negotiation X 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: June 1995 End Date: July 1996  
Funding Amount: \$ 200,260 Positions: 1.5  
FY96 \$200,260 FY97 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.  
There is little discretion. The United States government specified most components. In this case, EPA was going to handle this portion of the grant but then asked us to include it in our work.
- 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.  
Currently we have a grant which provides technical assistance to Russia wastewater treatment operators. This amendment expands our commitment and provides for a trip to Minnesota for the Russian participants.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

We provide training and certification for Minnesota wastewater treatment operators.

- 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>10,013</u> | Percentage of total grant | <u>5</u> % | Hard | <u>100</u> % | Soft | _____ % |
| 2nd year \$ | _____         | Percentage of total grant | _____ %    | Hard | _____ %      | Soft | _____ % |
| 3rd year \$ | _____         | Percentage of total grant | _____ %    | Hard | _____ %      | Soft | _____ % |

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

5. a. Does the grant contain a maintenance of effort requirement? ☐ 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?  
No commitments beyond completion of 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. 31.91 %
- 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 1.5 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

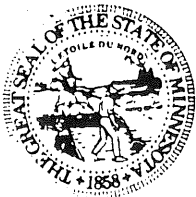
14. Will the program involve a change in existing state rules? \_\_\_\_\_ Yes ☒ No
15. Will the program require new rules? \_\_\_\_\_ Yes ☒ No

Glenn Johnson  
Accounting Coordinator's Signature

Donald A. Watson  
Executive Budget Officer's Signature

4-21-95  
Date

4/25/95  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: R-EMAP (Remedial Action Plan)  
Federal Catalog Number:

Type of Grant: New \_\_\_\_\_ Continuation X 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: June 1997  
Funding Amount: \$ 25,000 FY96 Positions: 0  
32,000 FY97

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.

MPCA proposed project in a competitive selection process.

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

The project will enable the MPCA to monitor progress on sediment contamination problems on the St. Louis River.

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 demonstration project to determine feasibility of a new sampling design. It will be used more widely if successful throughout the Great Lakes.

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>1,250</u> | Percentage of total grant | <u>5</u> % | Hard | _____ % | Soft | <u>100</u> % |
| 2nd year \$ | <u>1,600</u> | Percentage of total grant | <u>5</u> % | Hard | _____ % | Soft | <u>100</u> % |
| 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?

No commitments beyond completion of 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. 31.91%

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? 0 New 0 Existing

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

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

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

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

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

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

13. Legal authority to apply for and accept grant.

M.S. 116.03

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

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

Glenn Johnson  
Accounting Coordinator's Signature

Douglas A. Johnson  
Executive Budget Officer's Signature

4-21-95  
Date

4/25/95  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: Riverine Wetland Criteria  
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: Sept. 1995 End Date: Dec. 1996  
Funding Amount: \$ 25,000 Positions: 0.3 FTE  
FY96 25,000 FY97 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.

This is a project that EPA has requested. We do not have discretion on the use of the dollars.

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 identify reference criteria for riverine wetlands.

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 existing state program. Project would focus biological assessment methods on riverine wetlands. No current or proposed project endeavors to identify biological reference criteria for wetlands.

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> % |

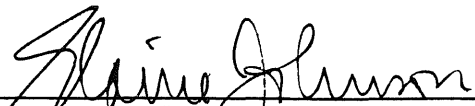
Check here if no match is required ☒.




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?  
This is a specific project with no commitment beyond the 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. 31.91 %
- 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 no match
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 0.3 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

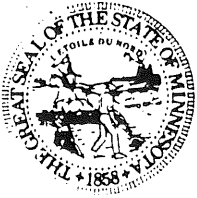
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

  
Executive Budget Officer's Signature

4-21-95  
Date

4/25/95  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: NPDES Watershed Grants  
Federal Catalog Number: 66.463

Type of Grant: New \_\_\_\_\_ Continuation x 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: October 1995 End Date: September 1997  
Funding Amount: \$ 180,000 FY96 Positions: 3.6  
180,000 FY97

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

This is a base grant under the federal 104(B)(3) program. The agency had discretion on what to submit within the guidelines provided by the EPA. Funding must be to implement watershed management efforts.

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 develop basin plans for the Red River and Lake Superior water basins; begin implementation of the management strategies described in the plan; and integrate monitoring into the basin plans.

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 agency is moving toward basin management. This grant furthers that effort. Currently, we have funding for one additional basin plan.

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>9,000</u> | Percentage of total grant | <u>5</u> % | Hard | _____ % | Soft | <u>100</u> % |
| 2nd year \$ | <u>9,100</u> | Percentage of total grant | <u>5</u> % | Hard | _____ % | Soft | <u>100</u> % |
| 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 agency is committed to basin management. Federal dollars, including this grant, will fund basin coordination activities.

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. 31.91 %

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? 2.0 New 1.6 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 state rules? ☐ Yes ☒ No

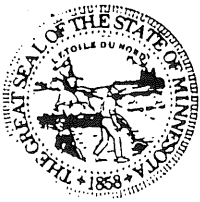
15. Will the program require new rules? ☐ Yes ☒ No

Glenn Johnson  
Accounting Coordinator's Signature

[Signature]  
Executive Budget Officer's Signature

4/21/95  
Date

4/24/95  
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: Minnesota Pollution Control Agency  
Title of Project/Proposal: Wetland Assessment Program  
Federal Catalog Number:

Type of Grant: New \_\_\_\_\_ Continuation X 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: August 15, 1995 End Date: March 1997  
Funding Amount: \$ 138,330 FY96 Positions: 2 FTE  
138,329 FY97

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.

Funding allocation is specific to completion of proposed project plan elements.  
The MPCA has little discretion in administering/staffing within this program area.

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

Citizen based testing of nontechnical wetland assessment protocol developed under current federal grant agreement. Products will include validated practical wetland assessment methods able to be used by citizens and local governmental units.

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

This project is the next phase of an effort to test and validate improved assessment methods for wetlands.

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>34,582</u> | Percentage of total grant | <u>25</u> % | Hard | _____ % | Soft | <u>100</u> % |
| 2nd year \$ | <u>34,582</u> | Percentage of total grant | <u>25</u> % | Hard | _____ % | Soft | <u>100</u> % |
| 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?  
There are no commitments attached to this project past the funded 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. 31.91 %
- 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 <sup>soft match</sup>
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 2 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 <sup>potentially</sup>
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes \_\_\_\_\_ No
13. Legal authority to apply for and accept grant. H.S. 116.03  
Clean Water Act Section 104(b)3 special funding to carryout wetland development work within state agencies or tribes. Development is intended to contribute to meeting obligations under MN. Stat. 115.
14. Will the program involve a change in existing state rules? \_\_\_\_\_ Yes ☒ No
15. Will the program require new rules? \_\_\_\_\_ Yes ☒ No

Glenn Johnson  
Accounting Coordinator's Signature

Douglas A. Johnson  
Executive Budget Officer's Signature

4-21-96  
Date

4/24/96  
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: Minnesota's Landscaping For Wildlife Exhibit  
Federal Catalog Number:

APID:  
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: July 1, 1995 End Date: June 30, 1997  
Funding Amount: \$ 50,000 Positions: —  
FY 96 = \$20,000 FY 97 = \$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.  
See attached for detail description.
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.
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.
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. Hard match will be obtained through private funding sources.

|                               |   |                      |                      |
|-------------------------------|---|----------------------|----------------------|
| 1st year \$ <u>\$40,000</u>   | Percentage of total grant <u>200</u> %    | Hard <u>50</u> %     | Soft <u>50</u> %     |
| 2nd year \$ <u>60,000</u>     | Percentage of total grant <u>200</u> %    | Hard <u>50</u> %     | Soft <u>50</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 is not making any long term commitments. The short term commitments are to continue our operations at the Minnesota State Fair grounds and we are planning to continue those operations with or without the new exhibit.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No  
a. If indirect costs are not included in the proposal, indicate reason.  
No salaries will be 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 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 <sup>1.66 FTE</sup> \_\_\_\_\_ 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 exhausted?  
☐ 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 STATUTES 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

Date

Date

## Notice of Application For Federal Grant Assistance

### Detail Section

1. The DNR will facilitate the project and will have the option of providing state personal or having the work completed through contracts with private vendors. The area will be under the direction of DNR staff and will be accomplished both internally and externally.

2. The project will involve and educate the public on how to landscape to increase wildlife habitat through participatory displays. The exhibit will simplify the process of designing and managing the landscape so private landowners can double the abundance of wildlife and include principles which are beyond the scope of traditional landscape practices.

Participants will see bee and butterfly gardens, feeders, a backyard frog pond, nesting boxes, an observation blind, and a cross-section of a snake hibernation mound and each will have signage explaining the value of landscaping for wildlife. Participants will walk on paths that flow through plantings and stone benches will line the walkways. A deck will be used as a demonstration area and also give a backyard setting.

3. The exhibit will be located at the MnDNR Natural Resources Park at the Minnesota State Fair grounds. In 1993, the State Fair attendance was 1,601,325 with over 800,000 visitors to the Natural Resources Park. The MnDNR has a strong commitment to environmental education and providing environmental tools for citizens.

This project will highlight the Nongame Program and the components will be based on the program's *Landscaping For Wildlife* book. The exhibit will strengthen the current displays and further explain the DNR's programs to the public.







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: Minnesota Board of Water and Soil Resources  
Title of Project/Proposal: Grass Lake  
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: Est. 10-95 End Date: 5-97 (Est.)  
Funding Amount: \$ 300,000 (Est.) 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.

BWSR worked in cooperation with other organizations, state and federal agencies, in application preparation. BWSR is one of several "partners" involved in this application. Grant terms are still preliminary.

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

The purpose is to acquire easements to protect and restore riparian wetlands, habitats for wildlife and rare communities.

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

Program provides funding for existing Reinvest in Minnesota (RIM) reserve.

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.

Estimated:

|                            |  |                   |                   |
|----------------------------|--|-------------------|-------------------|
| 1st year \$ <u>225,000</u> | Percentage of total grant <u>150</u> % | Hard <u>100</u> % | Soft <u>100</u> % |
| 2nd year \$ <u>225,000</u> | Percentage of total grant <u>150</u> % | Hard <u>100</u> % | Soft <u>100</u> % |
| 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 state is not making either short or long-term commitments as a result of accepting this grant.

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

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

- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8.5 % (provisional 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? 0 New 0 Existing

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

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

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

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

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

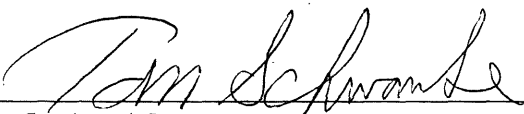
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No

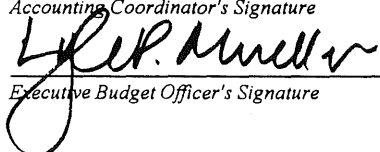
13. Legal authority to apply for and accept grant.

M.S. 103B.101

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

4/27/95  
\_\_\_\_\_  
Date

4/27/95  
\_\_\_\_\_  
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: Minnesota Board of Water and Soil Resources  
Title of Project/Proposal: Sustainable Development Initiative for Cook County  
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: 5-1-95 End Date: 4-30-96  
Funding Amount: \$ 9,600 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.

Open application process to Great Lakes Commission.

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

To initiate a technical assistance program to monitor compliance of erosion control on construction sites in Grand Marais, 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.

Relates to existing county planning and zoning programs but adds a stronger enforcement aspect.

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>1,760</u>      | Percentage of total grant <u>18</u> %     | Hard <input type="checkbox"/> % | Soft <u>18</u> %     |
| 2nd year \$ <u>          </u> | Percentage of total grant <u>      </u> % | Hard <input type="checkbox"/> % | Soft <u>      </u> % |
| 3rd year \$ <u>          </u> | Percentage of total grant <u>      </u> % | Hard <input type="checkbox"/> % | 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 is not making any short or long-term commitment by accepting this grant.

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

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

- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8.5 % (provisional rate)

- c. If rate charged is different than the state'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 ☒ 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

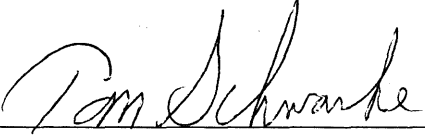
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No

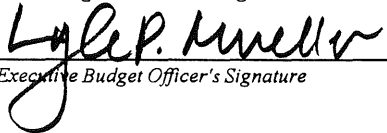
13. Legal authority to apply for and accept grant.

M.S. 103B.101

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

4/27/95  
Date

4/27/95  
Date

**GRANT AWARDS: FISCAL YEAR 1995 FUNDING CYCLE  
GREAT LAKES BASIN PROGRAM FOR SOIL EROSION AND SEDIMENT CONTROL**

The Great Lakes Commission's Soil Erosion and Sedimentation Task Force met on March 23-24, 1995 in Milwaukee, Wisconsin to review, discuss and evaluate project proposals submitted for funding under the Great Lakes Basin Program for Soil Erosion and Sediment Control. Twenty two (22) proposals were selected Basin-wide to receive funding totalling \$212,129. The following Minnesota projects were among those selected:

***Shoreline Best Management Workshops in the Minnesota Lake Superior Drainage Basin*** - The Minnesota Board of Water and Soil Resources will receive \$9,450 for a one year project to conduct a series of workshops on shoreline best management practices to be held throughout the Minnesota Lake Superior drainage basin. Contact: Gene R. Clark, Minnesota Board of Water and Soil Resources, 394 S. Lake Ave., Rm 403, Duluth, MN 55802, 218-723-4752.

***Sustainable Development Initiative for Cook County*** - The Minnesota Board of Water and Soil Resources will receive \$9,600 for a one year project to initiate a technical assistance program dealing for erosion control from construction sites and seasonal residences. Contact: Mark Nelson, Minnesota Board of Water and Soil Resources, 394 S. Lake Ave. Room 403, Duluth, MN 55802, 218-723-4752.

***Dune Stabilization on Minnesota Point*** - The South St. Louis County Soil and Water Conservation District will receive \$9,284 for a one year project to identify and map highly degraded and/or sensitive areas of Minnesota Point beach dunes, stabilize beach dunes through the use of vegetation and educate Park Point residents and visitors about the need to protect dunes. Contact: Scott Smith, South St. Louis Co. Soil and Water Conservation District, 4850 Miller Trunk Highway, Suite 1-B, Duluth, MN 55811, 218-722-6109.

13 360





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: Minnesota Board of Water and Soil Resources  
Title of Project/Proposal: Ag. BMP and Feedlot Tech. Assistance (1)  
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: 5-1-95 End Date: 9-96  
Funding Amount: \$ 261,385 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.

Open application to EPA for nonpoint source pollution abatement project funds (Section 319), with screening by PCA and selection by EPA.

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.

Supplement state funding for SWCD staffing, equipment and training for start up of SRF rural nonpoint BMP program. Activities and products include equipment acquisition, technical training and technical consultation to enable local delivery of technical assistance.

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

Supports start up of state rural nonpoint SRF loan program and the associated local technical assistance needs. This project is consistent with the state Nonpoint Source Management Program Plan.

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>261,385</u> | Percentage of total grant <u>100</u> % | Hard <u>90</u> % | Soft <u>10</u> % |
| 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 \_\_\_\_\_ maintain a maintenance of effort requirement? \_\_\_\_ Yes ☒ No  
If yes, with \_\_\_\_\_ base year \_\_\_\_\_ and amount \$ \_\_\_\_\_.

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

The state is committing resources in the short-term to accept and administer the grant. The state is not making any long-term commitments.

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

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

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8.5% (provisional 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 0.25 Existing

9. Will the award supply funding of present positions? 1 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

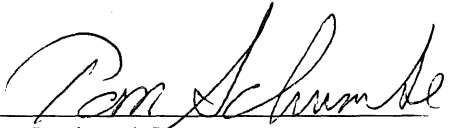
b. If yes, has provision been made to provide the necessary funding? \_\_\_\_ Yes \_\_\_\_ No


13. Legal authority to apply for and accept grant.

M.S. 103B.101

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

4/27/95  
Date

4/27/95  
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: Minnesota Board of Water and Soil Resources  
Title of Project/Proposal: Ag. BMP and Feedlot Tech. Assistance (2)  
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: 5-1-95 End Date: 5-31-96  
Funding Amount: \$ 62,640 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.

Open application to EPA for nonpoint source pollution abatement project funds (Section 319), with screening by PCA and selection by EPA.

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.

Supplement state funding for SWCD staffing, equipment and training for start up of SRF rural nonpoint BMP program. Activities and products include equipment acquisition, technical training and technical consultation to enable local delivery of technical assistance.

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

Supports start up of state rural nonpoint SRF loan program and the associated local technical assistance needs. This project is consistent with the state Nonpoint Source Management Program Plan.

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>62,640</u> | Percentage of total grant <u>100</u> % | Hard <u>70</u> % | Soft <u>30</u> % |
| 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?

In the short-term, the state is committing its resources according to the terms of the grant. The state is not making a long-term commitment by accepting the grant.

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

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

- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8.5 % (provisional 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 0.25 Existing

9. Will the award supply funding of present positions? 1 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. 103B.101

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

4/27/95  
Date

4/27/95  
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: Minnesota Board of Water and Soil Resources  
Title of Project/Proposal: Minnesota River 2 (NAWCA)  
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: 6-95 End Date: 12-96  
Funding Amount: \$ 481,683 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.

Open application prepared in cooperation 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.

Acceleration of wetland restoration in the MN River basin, including increased technical assistance to SWCD staff and landowners for data acquisition, design and construction.

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

Supports RIM Reserve program and state priority for improvement of MN River water quality. Project is coordinated through Prairie Pothole Joint Venture of agencies and private organizations.

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>699,428</u>  | Percentage of total grant <u>67</u> %   | Hard <u>100</u> %  | Soft <u>    </u> % |
| 2nd year \$ <u>349,714</u>  | Percentage of total grant <u>33</u> %   | Hard <u>100</u> %  | Soft <u>    </u> % |
| 3rd year \$ <u>        </u> | Percentage of total grant <u>    </u> % | Hard <u>    </u> % | Soft <u>    </u> % |

Check here if no match is required ☐.

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?  
None beyond RIM Reserve program funding already appropriated for F.Y. 1995-96.
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. 8.5 % (provisional 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 1 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. 103B.101
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Tom Schwante  
Accounting Coordinator's Signature

Lydia P. Muehl  
Executive Budget Officer's Signature

4/27/95  
Date

4/27/95  
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: Minnesota Board of Water and Soil Resources  
Title of Project/Proposal: Cannon River Watershed Wetland Conservation Project  
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: 10-95 (Est.) End Date: 5-97  
Funding Amount: \$ 387,838 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.

BWSR worked in cooperation with other organizations, state and federal agencies in application preparation. BWSR is one of several "partners" involved in this application.

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

The purpose is to acquire easements to protect and restore palustrine and riparian wetland habitats for wildlife and rare communities.

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

Program provides accelerated funding for existing Reinvest in Minnesota (RIM) Reserve 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>517,117</u>    | Percentage of total grant <u>200</u> %  | Hard <u>100</u> %  | Soft <u>    </u> % |
| 2nd year \$ <u>258,559</u>    | Percentage of total grant <u>200</u> %  | Hard <u>100</u> %  | Soft <u>    </u> % |
| 3rd year \$ <u>          </u> | Percentage of total grant <u>    </u> % | Hard <u>    </u> % | Soft <u>    </u> % |

Check here if no match is required ☐.

5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No  
If yes, what is the base year \_\_\_\_\_ amount \$ \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
- The state is not making either short or long-term commitments as a result of accepting this grant.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8.5 % (provisional 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? 1 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. 103B.101
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Pam Schwanke  
Accounting Coordinator's Signature

Lydia P. Mueller  
Executive Budget Officer's Signature

4/27/95  
Date

4/27/95  
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: Minnesota Board of Water and Soil Resources  
Title of Project/Proposal: Minnesota Tall Grass Prairie  
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: 10-95 (Est.) End Date: 5-97 (Est.)  
Funding Amount: \$ 210,089 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.

BWSR worked in cooperation with other organizations, state and federal agencies in application preparation. BWSR is one of several "partners" involved in this application.

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

The purpose is to acquire easements to preserve key prairie wetland communities, restore degraded lacustrine aquatic bed wetlands, restore drained wetlands on private lands, to provide sustainable management of prairie wetland communities.

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

Program provides accelerated funding for existing Reinvest in Minnesota (RIM) Reserve 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>280,119</u>    | Percentage of total grant <u>200</u> %  | Hard <u>100</u> %  | Soft <u>    </u> % |
| 2nd year \$ <u>140,059</u>    | Percentage of total grant <u>200</u> %  | Hard <u>100</u> %  | Soft <u>    </u> % |
| 3rd year \$ <u>          </u> | Percentage of total grant <u>    </u> % | Hard <u>    </u> % | Soft <u>    </u> % |

Check here if no match is required ☐.



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 is not making short or long-term commitments as a result of accepting this grant.

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

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

- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8.5 % (provisional 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 ☒ 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

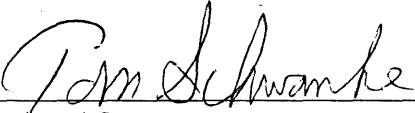
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No


13. Legal authority to apply for and accept grant.

M.S. 103B. 101

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

4/27/95  
Date

4/27/95  
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: Minnesota Board of Water and Soil Resources  
Title of Project/Proposal: Lake Superior Shoreline Best Management Practices (BMP) Workshops  
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: 7-95 End Date: 6-96  
Funding Amount: \$ 9,450 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.

Open application to Great Lakes Commission screened by Erosion and Sedimentation Task Force.

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.

Provide 3 shoreline BMP workshops for shoreline owners and local government staff addressing various aspects of BMP implementation. Products will include associated information and education 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.

Supports lakeshore engineering technical assistance and associated partnerships with LGUs along the North Shore of Lake Superior.

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>9,450</u>  | Percentage of total grant <u>100</u> %    | Hard <u>72</u> %     | Soft <u>18</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 agency is committing resources in the short-term, and is not making any long-term commitment.

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

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

Primary use of grant funds will be supplies and pass through.

- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8.5 %

- 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 N/A

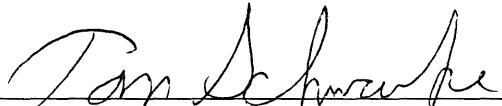

- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No

13. Legal authority to apply for and accept grant.

M.S. 103B.101

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

4/27/95  
\_\_\_\_\_  
Date  
4/27/95  
\_\_\_\_\_  
Date

**GRANT AWARDS: FISCAL YEAR 1995 FUNDING CYCLE  
GREAT LAKES BASIN PROGRAM FOR SOIL EROSION AND SEDIMENT CONTROL**

The Great Lakes Commission's Soil Erosion and Sedimentation Task Force met on March 23-24, 1995 in Milwaukee, Wisconsin to review, discuss and evaluate project proposals submitted for funding under the Great Lakes Basin Program for Soil Erosion and Sediment Control. Twenty two (22) proposals were selected Basin-wide to receive funding totalling \$212,129. The following Minnesota projects were among those selected:

***Shoreline Best Management Workshops in the Minnesota Lake Superior Drainage Basin*** - The Minnesota Board of Water and Soil Resources will receive \$9,450 for a one year project to conduct a series of workshops on shoreline best management practices to be held throughout the Minnesota Lake Superior drainage basin. Contact: Gene R. Clark, Minnesota Board of Water and Soil Resources, 394 S. Lake Ave., Rm 403, Duluth, MN 55802, 218-723-4752.

***Sustainable Development Initiative for Cook County*** - The Minnesota Board of Water and Soil Resources will receive \$9,600 for a one year project to initiate a technical assistance program dealing for erosion control from construction sites and seasonal residences. Contact: Mark Nelson, Minnesota Board of Water and Soil Resources, 394 S. Lake Ave. Room 403, Duluth, MN 55802, 218-723-4752.

***Dune Stabilization on Minnesota Point*** - The South St. Louis County Soil and Water Conservation District will receive \$9,284 for a one year project to identify and map highly degraded and/or sensitive areas of Minnesota Point beach dunes, stabilize beach dunes through the use of vegetation and educate Park Point residents and visitors about the need to protect dunes. Contact: Scott Smith, South St. Louis Co. Soil and Water Conservation District, 4850 Miller Trunk Highway, Suite 1-B, Duluth, MN 55811, 218-722-6109.

13362





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: Minnesota Board of Water and Soil Resources  
Title of Project/Proposal: Heron Lake Watershed Wetlands Project  
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: 6-95 (Est.) End Date: 1-97 (Est.)  
Funding Amount: \$ 400,000 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.

BWSR worked in cooperation with organizations, other state and federal agencies in application preparation. BWSR is one of several "partners" involved in this application.

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

The purpose is to acquire easements to protect and restore riparian wetlands and habitats for wildlife and rare communities.

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

Program provides accelerated funding for existing Reinvest in Minnesota (RIM) Reserve.

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>266,667</u>    | Percentage of total grant <u>112</u> %  | Hard <u>100</u> %  | Soft <u>    </u> % |
| 2nd year \$ <u>133,333</u>    | Percentage of total grant <u>112</u> %  | Hard <u>100</u> %  | Soft <u>    </u> % |
| 3rd year \$ <u>          </u> | Percentage of total grant <u>    </u> % | Hard <u>    </u> % | Soft <u>    </u> % |

Check here if no match is required ☐.

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 is not making either short or long-term commitments as a result of accepting this grant.

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

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

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8.5 % (provisional 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? 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 for 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. 103B.101

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

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

Tom Schwanke  
Accounting Coordinator's Signature

Lydia R. Mueller  
Executive Budget Officer's Signature

4/27/95  
Date

4/27/95  
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: Minnesota Board of Water Resources  
Title of Project/Proposal: State Wetland Program Realignment and Qualitative Enhancement  
Federal Catalog Number: CD 985011010

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: May, 1995 End Date: May, 1996  
Funding Amount: \$ 23,700 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.

Application was invited but voluntary. Discretion regarding proposal was high as only criteria was wetland program enhancement. Grant was awarded on a competitive basis with other states.

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.

Develop wetland functional assessment methodology for Minnesota. Publish, distribute and training for users. Conduct wetland scientific training for state and local staff.

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.

All agencies involved in wetlands support and see the need for both components of the grant project. BWSR oversees wetlands programs implemented by local government. Training and assessment will greatly enhance quality of program delivery.

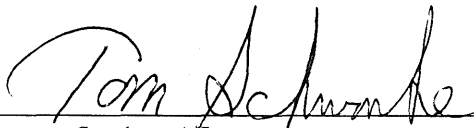
4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 years, include information for each additional year.

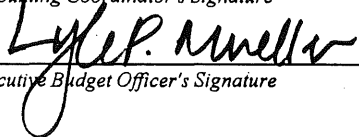
|                               |   |                                 |                      |
|-------------------------------|---|---------------------------------|----------------------|
| 1st year \$ <u>23,700</u>     | Percentage of total grant <u>100</u> %    | Hard <input type="checkbox"/> % | Soft <u>100</u> %    |
| 2nd year \$ <u>          </u> | Percentage of total grant <u>      </u> % | Hard <input type="checkbox"/> % | Soft <u>      </u> % |
| 3rd year \$ <u>          </u> | Percentage of total grant <u>      </u> % | Hard <input type="checkbox"/> % | Soft <u>      </u> % |

Check here if no match is required ☐.



5. a. Does the grant contain a major 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 - 1) develop assessment methodology in 1995-96  
Short Term - 2) conduct training in 1995.  
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.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8.5 % (provisional 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 ☒ 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 ☐ N/A
13. Legal authority to apply for and accept grant.
- M.S. 103B.101
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

4/27/95  
Date

4/27/95  
Date