

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

March 27, 1997

To: Senator Keith Langseth, Chairman Senate Education Finance Committee

Senator Linda Berglin, Chairman Senate Human Resources Finance Committee

Senator Richard Cohen, Chairman Senate State Government Finance Committee

Representative Loren Solberg House Ways and Means Committee

Fr: Wayne Simoneau, Commissioner

Re: Budget Change Order #3 - additional Federal Funds

This is to advise you and your colleagues that due to additional anticipated federal funds being received by various Departments, the Governor's Budget as submitted for the current and upcoming biennium should be increased by \$742,600 for F.Y. 1997, \$5,317,400 for F.Y. 1998 and \$3,041,300 for F.Y. 1999.

Attached to this memorandum please find copies of policy notes from agencies for the following federal grants:

(\$ in Thousands)

Agency/Grant Title	FY 97	FY 98	FY 99
Health & Human Services: Department of Human Services Treatm. Outcomes Pilot Studies	\$31.2	\$233.6	\$124.7
Department of Health Lead-Based Paint Hazard Control	121.9	499.1	496.5

Organization:

MN DHS 1/24/97

Date:

BREAKDOWN OF PROPOSED ESTIMATED COSTS (PLUS FEE) AND LABOR HOURS

COST ELEMENT		Y	ear 1	<u>Y</u>	ear 2	<u>T</u>	otal
DIRECT LABOR Labor Category	Rate ^a	Hours	Amount	<u>Hours</u>	Amount	Hours	Amount
Project Director							
(Harrison)	29.26	209	\$6,223	209	\$6,409	418	\$12,632
Project Co-Manager							
(Fulkerson)	20.74	418	\$8,977	522	\$11,685	940	\$20,662
Project Co-Manager	22.26	100	00.405	200	25.000	212	05.510
(Beebe)	23.96	102	\$2,487	208	\$5,223	310	\$7,710
Project Specialist	16.82	1566	\$26,949	1566	\$27,485	3654	\$54,434
(to be hired) Contract Specialist	10.62	1500	\$40,543	1500	\$47,400	3034	φυ 4,4υ4
(to be hired)	16.82	1044	\$17,865	1044	\$18,399	2088	\$36,264
Research Analyst	10.02	10++	Ψ17,005	1077	Ψ10,577	2000	Ψ50,204
(to be hired)	17.32	1044	\$18,082	1044	\$18,625	2088	\$36,707
(10 00 111100)			410,		410,110		40.0
DIRECT LABOR COST:			<u>\$80,583</u>		<u>\$87,826</u>	:	<u>\$168,409</u>
MATERIAL COST:					-		
Long Distance	•		\$840		\$990		\$1,830
Office Supplies			\$1,168		\$1,223		\$2,391
SUBTOTAL			<u>\$2,008</u>		<u>\$2,213</u>	,	<u>\$4,221</u>
TRAVEL COSTS:			<u>\$3,486</u>	,	<u>\$3,652</u>	,	<u>\$7,138</u>
SUBCONTRACTS:			•				
Stinchfield			\$10,800		\$14,200		\$25,000
Wilder Research Center			\$59,572		<u>\$30,643</u>		<u>\$90,215</u>
TOTAL DIRECT COST:			<u>\$156,449</u>		<u>\$138,534</u>	<u> </u>	<u>\$294,983</u>
FRINGE BENEFIT COST	•				•		
(22.3% of Direct Labor	r Year)		<u>\$17,970</u>		<u>\$19,585</u>		<u>\$37,555</u>
INDIRECT COST:		•					
(\$13,000 per FTE Year 1 X	2.1;		\$27,300		\$29,700		\$57,000
\$13,500 Year 2 X 2.2)					<u> </u>		مانستان المانستان ا
GRAND TOTAL OF						•	
ESTIMATED COST			<u>\$201,719</u>		<u>\$187,819</u>		\$389,538

^{*} Reflects beginning hourly rate; salary amounts reflect Step increases and COLA (see pages 7-8 for calculation)



Policy Note

Notice of Application for Federal Grant Assistance

Department Name:	Health			e of Grant:
Title of Project/Proposal:	Lead-Based	Paint Hazard Control	X	Continuation This is the first time MDH
 Federal Catalog Number:	14-900		_	has been the lead agency. Other (if other, please explain):
		,		
This request is in the follow	ving state:	Has the Legislature approve		This award/proposal:
Pre-Application		the expenditure of these fur by review in the biennial but		Start Date: 3/97
Application		process? X_No_Yes		End Date: 9/30/99
_ ^X Negotiation		If yes, state the page and curent budget volume for	1r-	Funding Amount: \$ 1,475,389
Awarded		reference.		FTE: 3.85 state
assistance. Discretion of Discretion was allowed in Duluth. (Minneapolis obtained in Duluth.) 2. Summarize the purpose specify the activities who program. The objectives are to problead-related health education by owner-occupants.	the areas so ained a separate of the proposich will take tect public lation, cleaning the and by lation.	e administration/staffing or preved. Much of the funding wate grant.) sed grant, including a brief staplace and any products (reported the lead engresidential lead sources, andlords.	ogram ill be tateme orts, p xposur and su	e passed through to St. Paul and , ent of the goals and objectives. Also, plans, etc.) which will result from the re of children by providing ubsidizing lead hazard
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The department of health develops and promotes lead-related health education materials and this grant adds resources to the state program. St. Paul and Duluth run programs to reduce residential lead sources under previous HUD grants and this grant will continue their programs.				
	•	-		indicate what percentage is hard an three years, include information
1st year \$ 32, 2nd year \$ 37, 3rd year \$ 37, Check here if no	072 P 072 P	ercentage of total grant: <u>2.2</u> % ercentage of total grant: <u>2.5</u> % ercentage of total grant: <u>2.5</u> % guired.)	Hard 30 % Soft 70 % Hard 26 % Soft 74 % Hard 26 % Soft 74 %

Reminder: If filling this out electronically, make sure you are in "typeover" mode and not	"insert" mode.
5. a. Does the grant contain a maintenance of effort requirement? X No. Yes. If the base year and the amount \$	yes, please provide
b. What short and long term commitments is the state making by acceptance of the The state commits to using the funds according to the application and to monitor the pSt. Paul and Duluth under this grant. There are no long term commitments.	-
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. 16.5	<u>></u> %
 If rate charged is different than agency's approved rate, indicate reason. Please Budget Operations specific exemption. 	attach a copy of
The new indirect rate of 17.6% was approved after the application was sent to HUD. A will be needed.	revision
7. Are indirect costs part of any match? _ Yes $\frac{\chi}{}$ No	•
8. How many positions are needed to carry out this program? 2 New 1.85 Ex	isting
9. Will the award supply funding of present positions? X Partial X Full None	
10. Will new positions be funded entirely by the grant award? \underline{x} Yes \underline{x} No	
11. a. Will the state be asked to pick up the positions when federal funds are discontinuous	ued? Yes 💢 No
b. Is continuation of positions a condition of receiving the federal grant? Yes \underline{x} [No
12. a. Will the state be asked to pay for unemployment compensation if individuals are XYes _ No	laid off?
b. If yes, has provision been made to provide the necessary funding? X Yes _ No	o
13. Legal authority to apply for and accept grant. Minnesota Statutes, section 144.09	
14 Will the appropriately a change in evicting value? Yes Yes	•
14. Will the program involve a change in existing rules?Yes _X No	
15, Will the program require new rules? Yes _X No	
DAA 3/12/9	7
Accounting Coordinator's Signature Date	
25-9-	7

RECEIVED

MAR 21 1997

FINANCIAL MANAGEMENT

HUD Grant for Lead-Based Paint Hazard Control

Budget By State Fiscal Year

March 17, 1997

4/1/97 - 6/30/97		7/1/97 - 6/30/98	
Salary & Fringe	\$ 22,680	Salary & Fringe	\$ 90,719
Travel	\$ 0	Travel	\$ 3,750.
Equipment	\$ 0	Equipment	\$ 3,500
Supplies	\$ 12,779	Supplies	\$ 51,116
Contractual	\$ 68,217*	Contractual	\$264,795*
Other	\$ 0	Other	\$ 10,500
Indirect	<u>\$ 18,247</u>	Indirect	<u>\$ 74,691</u>
Total	\$121,923	Total	\$499,071

7/1/98 - 6/30/99		7/1/99 - 3/30/2000	,
Salary & Fringe	\$ 90,719	Salary & Fringe	\$ 68,040
Travel	\$ 3,750	Travel	\$ 729
Equipment	\$ 0	Equipment	\$ 0
Supplies	\$ 51,116	Supplies	\$ 38,336
Contractual	\$266,094*	Contractual	\$197,242*
Other	\$ 10,500	Other	\$ 0
Indirect	\$ 74,304	Indirect	<u>\$ 53,565</u>
Total	\$496,483	Total	\$357,912

total direct	\$1,254,582
total indirect	\$ 220,807
total grant	\$1,475,389

^{*}Contractual amounts include pass-thru to local government and other state agencies.



Policy Note

Notice of Application for Federal Grant Assistance

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

Department Name: Title of Project/Proposal: Federal Catalog Number:	Feedlo Mitiga	MN Pollution Control Agency Feedlot Greenhouse Gas Mitigation 66.606		pe of Grant: New Continuation Other (if other, please explain):
This request is in the following — Pre-Application _x Application — Negotiation	state:	Has the Legislature approve the expenditure of these fur by review in the biennial bu process? _x_ No Yes If yes, state the page and c rent budget volume for	nds dget	This award/proposal: Start Date: 9-1-97 End Date: 8-31-99 Funding Amount: \$75,000 Total \$28,000 FY98
Awarded		reference.		\$37,000 FY99 \$10,000 FY00 FTE: one

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 available specifically to assess the effectiveness of mitigating greenhouse gas emissions from feedlots. We have the discretion to develop the scope of the project, set staffing needs, and determine other details of the project.

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

The purpose of the grant is to use the issue of greenhouse gas mitigation from feedlots as a vehicle for the education of public bodies, including the state legislature, about global warming mitigation more generally. The central purpose of the project is to demonstrate to public decision makers the opportunities for and feasibility of a program of societally cost-effective interventions using a specific emitting sector. Specific products that the project will deliver include: a technical report on the economic feasibility of manure biogas systems under different types of public policies; an assessment by a policy working group comprised of stakeholders and technical experts of policy measures with recommendations to the state legislature; and a final report to the U.S. EPA.

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 is related to previous climate change work done in the Minnesota Pollution Control Agency, Air Quality Division, consisting of greenhouse gas emission inventories and the development of a state action plan. This project goes another step in evaluating the effectiveness of a particular intervention to reduce greenhouse gas emissions.

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

1st year	\$20,000	Percentage of total grant: 17 %	Hard <u>100</u> %	Soft%
2nd year	\$18,491	Percentage of total grant: 16 %	Hard <u>100</u> %	Soft%
3rd year	\$	Percentage of total grant:%	Hard%	Soft%
Check he	re if no match is	s required		

Ren	ninder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.
5.	a.Does the grant contain a maintenance of effort requirement? <u>x</u> No Yes. If yes, please provide t base year and the amount \$
	b. What short and long term commitments is the state making by acceptance of this grant?
	None
6.	Are indirect costs included in the proposal? x Yes No. a.lf indirect costs are not included in the proposal, indicate reason.
	b. If indirect costs are included in the proposal, indicate the indirect cost rate. 34.16 %
	c.lf rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are indirect costs part of any match? x Yes No
8.	How many positions are needed to carry out this program? New1 Existing
9.	Will the award supply funding of present positions? Partial _x FullNone
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 _x_ No
	b. Is continuation of positions a condition of receiving the federal grant? Yes _x_ No
12.	a.Will the state be asked to pay for unemployment compensation if individuals are laid off? _x_Yes No
	b. If yes, has provision been made to provide the necessary funding? <u>x</u> Yes <u>No</u>
13.	Legal authority to apply for and accept grant.
	MS 116.03
14.	Will the program involve a change in existing rules? Yes _x_ No.
15.	Will the program require new rules? Yes _x No
6	Pezzy Ce. Cedelmans
	Accounting Coordinator's Signature
	\sim
	3/25/97



Policy Note

Notice of Application for Federal Grant Assistance

Department Name:	partment Name: Minnesota Pollution Control Agency		Type of Grant	t:
Title of Project/Proposal:	f Project/Proposal: Air Toxic Inventory - Great Lakes Commission		n	on ·
		,	Other (if o	
Federal Catalog Number:	66.501		explain):	, , , , , , , , , , , , , , , , , , , ,
This request is in the follow	ving state:	Has the Legislature approved the expenditure of these funds	This aw	/ard/proposal:
Pre-Application		by review in the biennial budget process? <u>x</u> No <u>Yes</u>	Start Date: 4-1-97	
Application		process: X NO _ res	End Date: 9-30-97	
		If yes, state the page and cur-	Funding Amount: \$	73,000 Total
<u>x</u> Negotiation		rent budget volume for reference.	\$37,000 FY97	•
Awarded		Total Glide.	\$36,000 FY98 FTE: One	
		your agency was allowed in prepa		ition for federal
l)	•	e administration/staffing or program		. ,
		elopment of the Minnesota portion of the we use existing staff, new staff or a cont		
of a grant that began in February		we use existing starr, new starr or a con-	ractor for the project.	This is a continuation
,	<i>.</i>	osed grant, including a brief statem	ent of the goals and	d objectives. Also.
		e place and any products (reports,		
program.				
		he Great Lakes Inventory and provide ar		
		1995 emission estimates to the Great Lak prepare a mobile source emission invent		
		exics emission inventory for point and ar		
mobile source emission inventor				tary responsible a prior
		n relates to, or differs from, existing		
		nd units of government. State hov	the proposed prog	ram will be
coordinated with existin		, NY, OH, PA, and WI) and the Province	of Ontario working to	agathar through the
		t Lakes Regional Air Toxics Emission In		
		n inventory will be updated every year fr		
		al inventory to include emissions from m		
•	'CA criteria p	ollutant inventory. Toxic Release Invent	ory data is used as a qu	ality check for select
pollutants.				
	•	or each other year of the grant, also	· ·	
for each additional year.		(in-kind). If the grant runs longer t	ian three years, Inc	idde imormation
1st year \$3,6		Percentage of total grant: 5 %	Hard <u>100</u> %	Soft%
2nd year \$		Percentage of total grant:%	Hard%	Soft%
3rd year \$		Percentage of total grant:%	Hard%	Soft%
Check here if n	o match is r	required		

Remir	nder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.
5.	a.Does the grant contain a maintenance of effort requirement? x No Yes. If yes, please provide the base year and the amount \$
b.	What short and long term commitments is the state making by acceptance of this grant?
	None
	Are indirect costs included in the proposal? <u>x</u> Yes <u>No.</u> a.lf indirect costs are not included in the proposal, indicate reason.
	b. If indirect costs are included in the proposal, indicate the indirect cost rate. 34.16 %
	c.lf rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are indirect costs part of any match? <u>x</u> Yes No
8.	How many positions are needed to carry out this program? New1_ Existing
9.	Will the award supply funding of present positions? Partial _x 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 _x_ No
İ	b. Is continuation of positions a condition of receiving the federal grant? Yes _x_ No
12.	a.Will the state be asked to pay for unemployment compensation if individuals are laid off? _x_Yes No
ĺ	b. If yes, has provision been made to provide the necessary funding? <u>x</u> Yes, <u>No</u>
13.	Legal authority to apply for and accept grant.
	M.S.116.03
14.	Will the program involve a change in existing rules? Yes _x No
15. V	Will the program require new rules? Yes _x No
\bigcirc	
_\\ _\	600 (e. Cedialman) March 21, 1897
	Accounting Coordinator's Signature Date
	3/25/9)
	Executive Budget Officer's Signature Date

FI-00211-04 (6-96)

Executive Budget Officer's Signature



Policy Note

Notice of Application for Federal Grant Assistance

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

Department Name: Po	Type of Grant:				
Title of Project/Proposal:		X New Continuation			
0	ne Stop Reporting Program	Other (if other, please explain):			
Federal Catalog Number:	o be assigned later				
	o be assigned later				
This request is in the following sta	the the Legislature approve				
Pre-Application	by review in the biennial bu process? X No Yes	dget Start Date: 5/1/97			
_XApplication	presess. <u>11</u> No <u> </u>	End Date: 4/30/2000			
Negotiation	If yes, state the page and c rent budget volume for reference.	FY 97 - 10,000 FY 98 - 370,000 and			
Awarded	Total choc.	FTE: 2 to 4 FY 99 - 120,000			
		See answer to question 2 below.			
Great latitude was allowed as industry, 2) foster a geograph information. 2. Summarize the purpose of the specify the activities which will program. The purpose is given in question negotiated during the first 120	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				
agency and within other agenci coordinated with existing progr This grant will support the MP	3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. This grant will support the MPCA's goals in GOAL 21, Minnesota's goal of providing public access, and the President's goals as listed in question 1 above.				
	4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.				
1st year \$	Percentage of total grant:				
2nd year \$	Percentage of total grant:				
3rd year \$ Check here if no match	Percentage of total grant:	% Hard% Soft%			
CHECK HEIGHT HOURIST	ii is required. //				

FI-00211-04 (6-96)

OVER

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

5.	a. Does the grant contain a maintenance of effort requirement? X No. Yes. If yes, please provide the base year and the amount \$
	b. What short and long term commitments is the state making by acceptance of this grant? The MPCA will be doing what the grant requires whether the grant is awarded or not.
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. 34.16 %
	c.If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are indirect costs part of any match? Yes _X_ No
8.	How many positions are needed to carry out this program? 2 to 4 New Existing
9.	Will the award supply funding of present positions? Partial Full _X None
10.	Will new positions be funded entirely by the grant award? X Yes No
11.	 a. Will the state be asked to pick up the positions when federal funds are discontinued? X Yes _ No Potentially, 2 of the 2 to 4 could continue. 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? _XYes No
	b. If yes, has provision been made to provide the necessary funding? X Yes _ No
13.	Legal authority to apply for and accept grant. M.S. 116.03 Subd. 3
1.4	Will the common to all a surface of the control of
	Will the program involve a change in existing rules?Yes \underline{X} No
15.	Will the program require new rules? Yes X No
(Degger Ce. Pedelmenn
	Accounting Coordinator's Signature Date
	3/25/97
	Executive Budget Officer's Signature Date

FI-00211-04 (6-96)



Policy Note

Notice of Application for Federal Grant Assistance

	re ve Pesticide ping Program/USDA	Type of Grant: X New Continuation Other (if other, please explain):			
This request is in the following state: Pre-Application X Application Negotiation Awarded	Has the Legislature approved expenditure of these funds by review in the biennial budget process? X No _ Yes If yes, state the page and current budget volume for reference.	Y S1 FL	tart Date: October 1, nd Date: September : anding Amount: re: Part of	30, 1997 \$ 66,889.00	
 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. MDA was given latitude in the preparation of this grant application. Program work was developed within the general framework of the federal program. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The purpose of the agreement is to assist in pesticide recordkeeping educational outreach programs; determine the degree of compliance with federal recordkeeping requirements; and conduct a compliance assistance program. 					
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. This program relates to the farmer that uses pesticides. The MDA already has a certification program that certifies 29,000 private pesticide applicators. This is a good fit with our existing program.					
4. Indicate the state match required for and what percentage is soft (in-kind). additional year.					
1st year \$ 4,000 Percentage of total grant: 5 % 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					

Ben	inder	: If filling this out electronically, make sure you are in typeover mode and not insert mode.
5.	a .	Does the grant contain a maintenance of effort requirement? X No Yes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant?
6.	Are a.	indirect costs included in the proposal? $\frac{X}{X}$ Yes No. 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. 21.27%
	c.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
		, , , , , , , , , , , , , , , , , , ,
7.		indirect costs part of any match?Yes _XNo Part of three
8.	How	many positions are needed to carry out this program? New(3) 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? YesX No
11.	a .	Will the state be asked to pick up the positions when federal funds are discontinued? Yes X No
	ь.	Is continuation of positions a condition of receiving the federal grant?Yes X No
12.		Will the state be asked to pay for unemployment compensation if individuals are laid off? X_Yes No
	b.	If yes, has provision been made to provide the necessary funding? X Yes _ No
13.	Lega	al authority to apply for and accept grant. M.S. 18B.17, Subd. 1 M.S. 4.07
14.	Will	the program involve a change in existing rules?Yes $\frac{X}{X}$ No
15.	Will t	he program require new rules?Yes X_ No
	On	- Bahler 2/25/97
		Accounting Coordinator's Signature Date
) ora	lo HC 126/7)



Policy Note Notice of Application for Federal Grant Assistance

Department Name: Agricultu Title of Project/Proposal: Wellhead/ Federal Catalog Number:	re Source Water Protection	Type of Grant: X New Continuation Other (if other, please explain):		
This request is in the following state: XPre-Application Application Negotiation Awarded	Has the Legislature approved expenditure of these funds by review in the biennial budget process? A No _ Yes If yes, state the page and current budget volume for reference.	Start Date: July 1, 1997 End Date: June 30, 1998		
tance. Discretion may be in the admininesota Department of Healwith MPCA and MDA. MDH is the requests MDA assistance in the Summarize the purpose of the propose specify the activities which will take program. The purpose of the grant is agricultural chemical contamination development and distribution agencies. 3. Describe how the proposed program results a proposed program results agriculture.	nistration/staffing or program s th assisted in the reque he lead state agency for he area of agricultural ed grant, including a brief state place and any products (reports to protect Minnesota's d ination. This includes of educational material relates to, or differs from, existi f government. State how the p	est with discussions of the project drinking water protection and chemicals? ment of the goals and objectives. Also, plans, etc.) which will result from the drinking water from potential review of community plans, s, and exchanging data between any state programs, both within your agency proposed program will be coordinated with the set of the nitrogen and pesticide		
 Indicate the state match required for eand what percentage is soft (in-kind). additional year. 		so indicate what percentage is hard (cash) nree years, include information for each		
2nd year \$ P	Percentage of total grant:% Percentage of total grant:% Percentage of total grant:% quiredX	Hard% Soft% Hard% Soft% Hard% Soft%		

Remi	Reminder: If filling this out electronically, make sure you are in typeover mode and not insert mode.				
5.	a.	Does the grant contain a maintenance of effort requirement? XNo Yes. If yes, please provide the base year and the amount \$			
	b.	What short and long term commitments is the state making by acceptance of this grant?			
6.	Are a.	indirect costs included in the proposal? X Yes No. 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. 21.27%			
	c.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.			
		pr-			
7.	Are	indirect costs part of any match? Yes _X No			
8.	How	many positions are needed to carry out this program? One (1) ew Existing			
9.	Will	the award supply funding of present positions? Partial Full X_ None			
10.	Will	new positions be funded entirely by the grant award? X Yes No			
11.	a.	Will the state be asked to pick up the positions when federal funds are discontinued? Yes X No			
	b.	Is continuation of positions a condition of receiving the federal grant?Yes X No			
12.	a.	Will the state be asked to pay for unemployment compensation if individuals are laid off? XYes _ No			
	b.	If yes, has provision been made to provide the necessary funding? X Yes No			
13.	Lega	al authority to apply for and accept grant.			
	M. M.				
14.	Will	the program involve a change in existing rules?Yes X_ No			
15.	Will t	he program require new rules? Yes _X No			
	De	In Mable 2/25/97			
		Accounting Coordinator's Signature Date			
)m	males Acidones 2/26/97			
		Executive Budget Officer's Signature Date			

FI-00211-04 (1/97)



Policy Note

Notice of Application for Federal Grant Assistance

Department Name: Agricultu Title of Project/Proposal: Collectio in Lake S Federal Catalog Number:	Type of Grant: X New Continuation Other (if other, please explain):				
This request is in the following state: X Pre-Application Application Negotiation Awarded	This award/proposal: Start Date: July, 1997 End Date: June, 1999 Funding Amount: \$104,636.00 FTE: -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. MDA was given discretion in preparation of this grant application. This included program outlines and committments. 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. Inform business and residents about waste pesticide disposal opportunities. Conduct collections to remove and destroy waste pesticides. 					
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. This program is in line with the States responsibilities as detailed in the Pesticide Control Law. If MDA receives funding for this program, it will be coordinated with existing programs.					
4. Indicate the state match required for and what percentage is soft (in-kind). additional year. 1st year \$ Factor and year.	Percentage of total grant: 50% Percentage of total grant: 50% Percentage of total grant: 50%	Iso indicate what percentage is hard (cash) three years, include information for each			

Ben	Reminder: If filling this out electronically, make sure you are in typeover mode and not insert mode.						
5 .	8.	Does the grant contain a maintenance of effort requirement? $\frac{X}{X}$ No Yes. If yes, please provide the base year and the amount \$					
	b.	What short and long term commitments is the state making by acceptance of this grant?					
6.	Are a.	indirect costs included in the proposal? X Yes No. 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. 21.27%					
	c.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.					
		the control of the co					
_							
7.	Are	indirect costs part of any match?Yes _X No					
8.	How	many positions are needed to carry out this program? New 3 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? $\underline{\hspace{0.1cm}}$ Yes $\underline{\hspace{0.1cm}}$ No					
11.	a.	Will the state be asked to pick up the positions when federal funds are discontinued? \underline{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 Jaid off? _Yes X_No					
	b.	If yes, has provision been made to provide the necessary funding?YesNo					
13.	Lega	all authority to apply for and accept grant.					
		M.S. 18B.17, Subd. 1					
		M.S. 4.07					
14.	Will	the program involve a change in existing rules?Yes $\frac{X}{X}$ No					
15.	Will t	he program require new rules? Yes X No					
	_						
	m	Mahhi 2/25/97					
		Accounting Coordinator's Signature Date					
	\sum_{σ}	2/27/97					



Policy Note

Notice of Application for Federal Grant Assistance

Department Name: Title of Project/Proposal: Federal Catalog Number:	Natural Service	partment of Natural Resources tural Resource Conservation vice/Natural Resources Inventory a collaboration effort. XXX		o of Grant: New Continuation Other (if other, please explain):
This request is in the following X. Pre-Application Application Negotiation Awarded	state:	Has the Legislature approved expenditure of these funds b review in the biennial budget process? X No Yes If yes, state the page and current budget volume for reference.	У	This award/proposal: Start Date: May 1, 1997 End Date: Jan 1, 1998 Funding Amount: \$2,000,000 FY97- 500,000 FY98-1,500,000 FTE: 0

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

The State of Minnesota was interested in joining in a collaborative effort with the NRCSA on the remote sen portion of the Natural Resource Inventory allowing us to perform a more informal analysis of the data.

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

The purpose of this grant is to provide resources to the State of Minnesota in order to provide 35mm supplemental photography to the NRCS for photo interpretation of NRI plots. The activities to take place will be the Contracting for aircraft and photographers to obtain 35mm slides of the NRI plots. The product will be a 35mm slide of each NRI plot.

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

There are a number of vegetative inventories conducted by various agencies (State and Federal.) At this time, the Minnesota DNR Resource Assessment Unit coordinates the Forest Inventory Analysis (FIA) a USFS and state initiative, the GAP program a USGS inventory effort, Forest Health Monitoring a USFS and state effort. The Cooperative Stan Assessment (CSA) that is a state initiative and the Ecological Classification System (ECS) a state and federal initiative. The above inventories all relate to vegetation classifications. The NRI is a Natural Resources conservation service vegetation inventory. It is of mutual interest to coordinate all these efforts in order to reduce duplication of efforts with an end product that allows a user to perform analysis common to all inventories.

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

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

Check here if no match is required. X

FI-00211-04 (6-96)

OVER

Rem	Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.			
5.	a.	Does the grant contain a maintenance of effort requirement? X No Yes. If yes, please provide the base year and the amount \$		
	b.	What short and long term commitments is the state making by acceptance of this grant?		
		By providing the above products.		
6.	Are a.	indirect costs included in the proposal? Yes _X_ No. If indirect costs are not included in the proposal, indicate reason.		
		No salaries will be funded 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. Please attach a copy of Budget Operations specific exemption.		
7.	Are	indirect costs part of any match? Yes _X_ No		
8.	Hov	v many positions are needed to carry out this program?0 New0 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?YesNo		
13.	Leg	al authority to apply for and accept grant.		
	MS	84.085		
14.	Will	the program involve a change in existing rules? Yes _X_No		
15.	Will	the program require new rules? Yes _X_ No		
_ひ	<u>,</u> C	3-18-97		
		Accounting Coordinator's Signatule Date		



Policy Note

Notice of Application for Federal Grant Assistance

Title of Project/Proposal: North American Waterfowl Management Plan / Swan, Heron Other (if other, please explain): Other (if other, please explain): Other (if	Department Name: Natural Resources		Resources	Type of Grant:				
Federal Catalog Number: Lakes Appropriation 607 This request is in the following state: Pre-Application Application Negotiation 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 largely at our discretion. 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. Long-range objective is to restore Heron Lake and Swan Lake and their watersheds to their former status as Nationally important waterfowl lakes. Additional objectives are to provide other wildlife habitat and recreational opportunity. Majority of funding is for land acquisition. 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. These are expansions of earlier grants, and accelerate state objectives as above. A large and diverse group Of local stakeholders is providing coordination. 4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. 1st year \$ Percentage of total grant: 50% Hard 100% Soft 4 Hard 100% Soft 4 Hard 100 Soft 4 Hard 1	Title of Project/Proposal:	I A COMMUNICATION						
This request is in the following state: — Pre-Application — Application — Negotiation 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 largely at our discretion. 7 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. Long-range objective is to restore Heron Lake and Swan Lake and their watersheds to their former status as Nationally important waterfowl lakes. Additional objectives are to provide other wildlife habitat and recreational opportunity. Majority of funding is for land acquisition. 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. These are expansions of earlier grants, and accelerate state objectives as above. A large and diverse group Of local stakeholders is providing coordination. 4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. 1st year \$ Percentage of total grant: 50% Hard 100% Soft —% 3rd year \$ Percentage of total grant	_	_	· · · · · · · · · · · · · · · · · · ·		Other (if other, please explain):			
the expenditure of these funds by review in the biennial budget process? X No Yes Yes Yes No Yes	Appropriation 607							
Pre-Application Application Negotiation	This request is in the following	ng state:			This av	vard/prop	osal:	
Application Negotiation Negot	Pre-Application		by review in the biennial bu		3			
	Application	^			End Date: 6/30/99			
Awarded 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 largely at our discretion. 7. 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. Long-range objective is to restore Heron Lake and Swan Lake and their watersheds to their former status as Nationally important waterfowl lakes. Additional objectives are to provide other wildlife habitat and recreational opportunity. Majority of funding is for land acquisition. 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. These are expansions of earlier grants, and accelerate state objectives as above. A large and diverse group Of local stakeholders is providing coordination. 4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. 1st year \$ Percentage of total grant: 50% Hard 100% Soft% 2nd year \$ Percentage of total grant:	Negotiation		rent budget volume for	ur-	_			
assistance. Discretion may be in the administration/staffing or program selection area. Application was largely at our discretion. 7 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. Long-range objective is to restore Heron Lake and Swan Lake and their watersheds to their former status as Nationally important waterfowl lakes. Additional objectives are to provide other wildlife habitat and recreational opportunity. Majority of funding is for land acquisition. 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. These are expansions of earlier grants, and accelerate state objectives as above. A large and diverse group Of local stakeholders is providing coordination. 4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. 1st year \$ Percentage of total grant: 50% Hard 100% Soft% 2nd year \$ Percentage of total grant:% Hard% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft% So	_X Awarded		reterence.		FTE:	NCREASE	:S	
assistance. Discretion may be in the administration/staffing or program selection area. Application was largely at our discretion. 7 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. Long-range objective is to restore Heron Lake and Swan Lake and their watersheds to their former status as Nationally important waterfowl lakes. Additional objectives are to provide other wildlife habitat and recreational opportunity. Majority of funding is for land acquisition. 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. These are expansions of earlier grants, and accelerate state objectives as above. A large and diverse group Of local stakeholders is providing coordination. 4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. 1st year \$ Percentage of total grant: 50% Hard 100% Soft% 2nd year \$ Percentage of total grant:% Hard% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft% So								
specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. Long-range objective is to restore Heron Lake and Swan Lake and their watersheds to their former status as Nationally important waterfowl lakes. Additional objectives are to provide other wildlife habitat and recreational opportunity. Majority of funding is for land acquisition. 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. These are expansions of earlier grants, and accelerate state objectives as above. A large and diverse group Of local stakeholders is providing coordination. 4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. 1st year \$ Percentage of total grant: 50% Hard 100% Soft% 2nd year \$ Percentage of total grant:% Hard% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft% Soft _	assistance. Discretion m	ay be in th	e administration/staffing or p		n selection area.	cation for	federal	
agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. These are expansions of earlier grants, and accelerate state objectives as above. A large and diverse group Of local stakeholders is providing coordination. 4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. 1st year \$ Percentage of total grant: 50% Hard 100% Soft% 2nd year \$ Percentage of total grant:% Hard% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft%	specify the activities which program. Long-range objective is to Nationally important water	program. Long-range objective is to restore Heron Lake and Swan Lake and their watersheds to their former status as Nationally important waterfowl lakes. Additional objectives are to provide other wildlife habitat and						
(cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. 1st year \$ Percentage of total grant: 50% Hard 100% Soft% 2nd year \$ Percentage of total grant:% Hard% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft%	agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. These are expansions of earlier grants, and accelerate state objectives as above. A large and diverse group							
2nd year \$ Percentage of total grant:% Hard% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft%	(cash) and what percenta							
3rd year \$ Percentage of total grant:% Hard% Soft%	· ·							
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							
Check here if no match is required	•				, , , , , , , , , , , , , , , , , , , ,		· -	

Rem	inde	r: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode,
5.	a.	Does the grant contain a maintenance of effort requirement? X No. Yes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant? Long-term management of acquired lands; these will be added to the state wildlife management area system.
6.	Are a.	indirect costs included in the proposal? X Yes No. 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. 32.8 %
	c.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	indirect costs part of any match? Yes _X_ No
8.	Hov	v many positions are needed to carry out this program? New2_ Existing
9.	Will	the award supply funding of present positions? X Partial _ Full _ None
10.	Will	new positions be funded entirely by the grant award?Yes _X_No
11.	a.	Will the state be asked to pick up the positions when federal funds are discontinued? Yes_X_ No
	b.	Is continuation of positions a condition of receiving the federal grant? Yes_X_ No
12.	a.	Will the state be asked to pay for unemployment compensation if individuals are laid off? X_Yes No
	b.	If yes, has provision been made to provide the necessary funding? X_YesNo
13.	Leg	al authority to apply for and accept grant.
	M.S	8. 84.085
14.	Will	the program involve a change in existing rules? Yes _X_ No
		the program require new rules? Yes _X_ No
	-	
,	۲.	5-18-97
	<u>~</u>	Accounting Coordinator's Signature Date
د. د سند		3 2 32
		onyto H Warren 3- 20-7)



Policy Note

Notice of Application for Federal Grant Assistance

Title of Project/Proposal: North A			Resources American Waterfowl ement Plan / River sheds (X X	e of Grant: New Continuation Other (if other, please explain):	
	s request is in the following Pre-Application Application Negotiation Awarded	g state:	Has the Legislature approve the expenditure of these fur by review in the biennial bu process? X No Yes If yes, state the page and c rent budget volume for reference.	nds dget	This award/proposal: Start Date: 7/1/97 End Date: 6/30/99 Funding Amount: FY98 \$250,000 FY99 \$250,000 FTE: INCREASES	
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 largely at our discretion.					
2.	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. North American Waterfowl Federal Funds received through nonprofit groups Pheasants Forever and The Nature Conservancy for Minnesota River and Red River Watersheds. To restore watersheds to status as important waterfowl areas. Additional objectives are to provide other wildlife habitat and recreational opportunity. Majority of funding is for land acquisition.					
	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. These are expansions of earlier grants, and accelerate state objectives as above. A large and diverse group of local stakeholders is providing coordination.					
		•	•		o indicate what percentage is hard han three years, include information	
	1st year \$ 2nd year \$ 3rd year \$ Check here if no r		Percentage of total grant: 70 Percentage of total grant: 6 Percentage of total grant: 6 Percentage of total grant: 7 Pequired. 7	% '	Hard 100% Soft% Hard% Soft% Hard% Soft%	

Rem	inde	: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.
5.	a.	Does the grant contain a maintenance of effort requirement? X No. Yes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant? Long-term management of acquired lands; these will be added to the state wildlife management area system.
6.	Are a.	indirect costs included in the proposal? Yes _X_ No. If indirect costs are not included in the proposal, indicate reason. No salaries paid from Federal funds.
	b.	If indirect costs are included in the proposal, indicate the indirect cost rate. N/A %
	c.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	indirect costs part of any match? Yes _X_ No
8.	Hov	v many positions are needed to carry out this program? New2_ 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.	Leg	al authority to apply for and accept grant.
	M.S	8. 84.085
14.	Will	the program involve a change in existing rules? Yes _X_ No
15.	Will	the program require new rules? Yes _X_ No
	•	
U	ა ,	Felse Ger 3-18.97
		Accounting Coordinator's Signature Date
		3-20-97



Policy Note

Notice of Application for Federal Grant Assistance

Department Name: Natur	al Resources		of Grant:	
Title of Project/Proposal: Enda	ngered Species - EPA		New Continuation	
Federal Catalog Number: 66.50 Appropriation 610	05	c	Other (if other, please explain):	
This request is in the following state: X Pre-Application X Application Negotiation Awarded	Has the Legislature approve the expenditure of these fur by review in the biennial bu process? X No Yes If yes, state the page and c rent budget volume for reference.	nds dget	This award/proposal: Start Date: 7/1/97 End Date: 6/30/99 Funding Amount: FY98 \$150,000 FY99 \$150,000 FTE: INCREASES	
 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 study areas, study design and staffing are left to the discretion of MN DNR. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. These grants fund information systems and endangered species databases, research and recovery efforts of various endangered species. New site locations discovered through the work will be entered into the Natural Heritage database. Protection planning will incorporate findings, reports will be submitted to the EPA. 				
research and surveys relating to e enhancement of ongoing inventor of the status of these species in N	and units of government. Starts. s. e research programs of the MN ndangered and candidate animals y and monitoring work. The in MN and our ability to participate	te how I DNR als and fo coll e in the	has sole responsibility in the state for d plants. The proposed work is an ected will improve our understanding eir recovery.	
 Indicate the state match required (cash) and what percentage is soft for each additional year. 			han three years, include information	
1st year \$ 2nd year \$ 3rd year \$ Check here if no match is	Percentage of total grant: Percentage of total grant: Percentage of total grant: required. X	% '	Hard% Soft% Hard% Soft% Hard% Soft%	

Rem	ninde	r; If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.
5.	a.	Does the grant contain a maintenance of effort requirement? X_NoYes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant? Deliver reports to US EPA by project end date.
6.	Are a.	indirect costs included in the proposal? \underline{X} Yes $\underline{\hspace{0.5cm}}$ No. 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. 32.8 %
	C.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	indirect costs part of any match? Yes _X_ No
8.	Hov	v many positions are needed to carry out this program? New1 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? X Yes No
11.	a.	Will the state be asked to pick up the positions when federal funds are discontinued? Yes_X_ No
	b.	Is continuation of positions a condition of receiving the federal grant?Yes_X_ No
12.	a.	Will the state be asked to pay for unemployment compensation if individuals are laid off? X Yes No
	b.	If yes, has provision been made to provide the necessary funding? X Yes No
13.	Leg	al authority to apply for and accept grant.
	M.S	3. 84.085
14.	\\/iII	the program involve a change in existing rules? Yes _X_ No
		the program require new rules? Yes _X_ No
		the program require new rules rus
V	<u>0,</u>	1.18.97
		Accounting Coordinator's Signature Date
		3-20-99



Policy Note

Notice of Application for Federal Grant Assistance

Department Name: Natura	l Resources		e of Grant:		
, ,	ation of Coastal Wetlands -		New Continuation		
Federal Catalog Number: 66.509 Appropriation 615	pat Cove		Other (if other, please explain):		
This request is in the following state:	Has the Legislature approve the expenditure of these fur		This award/proposal:		
Pre-Application	by review in the biennial bu process? X No Yes		Start Date: 7/1/97		
X Application			End Date: 6/30/99		
Negotiation	If yes, state the page and corrent budget volume for	ur-	Funding Amount: FY98 \$140,000 FY99 \$160,000		
Awarded	reference.		FTE: INCREASES		
program. Develop long-range site plan for ha	posed grant, including a brief some place and any products (republication for a protection, restoration arouses from past development, or a post development.	statem orts, p nd inte	nent of the goals and objectives. Also, plans, etc.) which will result from the erpretation. Restore the hydrology to and remove roads to limit access to		
is a site identified by the Habitat Co	and units of government. States. I other projects developed by too committee of the Lake Superior. The Nature Conservancy as a made a \$70,000 grant in 95-1	te how the La Binat highly 97 for	v the proposed program will be ake Superior Habitat Coordinator. This tional Program as an area of important y significant eco system. Legislative		
 Indicate the state match required for (cash) and what percentage is soft for each additional year. 	•		o indicate what percentage is hard han three years, include information		
1st year \$ 2nd year \$ 3rd year \$ Check here if no match is	Percentage of total grant: 5 9 Percentage of total grant: 6 Percentage of total grant: 6 Percentage of total grant: 7	%	Hard% Soft 100% Hard% Soft% Hard% Soft%		

5.	а.	Does the grant contain a maintenance of effort requirement? X No. Yes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant? Project completion per work plan.
6.	Are a.	e indirect costs included in the proposal? Yes $\ \underline{X}$ No. If indirect costs are not included in the proposal, indicate reason. No salaries paid from Federal funds.
	b.	If indirect costs are included in the proposal, indicate the indirect cost rate %
	c.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	e indirect costs part of any match? Yes _X_ No
8.	Hov	w many positions are needed to carry out this program? New1 Existing
9.	Wil	If the award supply funding of present positions? Partial Full _X_ None
10.	Wil	I 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.	Leg	gal authority to apply for and accept grant.
	М.:	S. 84.085
14.	Wil	I the program involve a change in existing rules? Yes _X_ No
15.	Will	the program require new rules? Yes _X_ No
(ال	Accounting Coordinator's Signature Date
_		/ \ /
		J-20-97



Policy Note

Notice of Application for Federal Grant Assistance

Department Name:	Natural	Resources	Туре	e of Grant:
·			_ N	ew
Title of Project/Proposal:		Harvest Information	<u>X_</u>	Continuation
	USFWS			Other (if other, please explain):
Federal Catalog Number:	15.611			which (it distroy produce explain),
Appropriation 620				
	New York Control of the Control of t		L	
This request is in the following	g state:	Has the Legislature approve		This award/proposal:
Day Ameliansian		the expenditure of these fur		Start Date: 7/1/97
Pre-Application		by review in the biennial bu	aget	Start Date. 7/1/97
Application		process? X No Yes		End Date: 6/30/99
Application		If yes, state the page and c	117-	
Negotiation		rent budget volume for	ui-	Funding Amount: FY98 \$34,000
Negotiation		reference.		INCREASE FTE:
_X Awarded				[F E
				ration of the application for federal
	•	e administration/staffing or p	_	
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	_	ratory bird hunters. MN DNR has
Discretion on how to gene	rate data	from licensing. USFWS cont	ribute	s start-up runds.
				,
2 Summarize the nurnose of	the prope	seed grant including a brief s	tatam	ent of the goals and objectives. Also,
				plans, etc.) which will result from the
program.	I WIII CONC	s place and any products (rep	0113,	plans, etc., which will result from the
. •	icv and n	recision) annual estimates of	hunte	r harvest of migratory game birds by
		hunters and information on t		
roviania namos ana ada				·
3. Describe how the proposed	d program	relates to, or differs from, e	xisting	g state programs, both within your
				v the proposed program will be
coordinated with existing p				
48 other states will be doi:	ng the sai	me thing to provide high-qual	ity na	tional and state harvest estimates.
State harvest estimates are	e often no	ot consistent with each other		
		•		
				indicate what percentage is hard
, ,	e is soft ((in-kind). If the grant runs lor	nger ti	han three years, include information
for each additional year.				
100 400 6	1	Porcentage of total graph:	1 0/ ₄	Hard % Soft 04
1st year \$		Percentage of total grant:		Hard% Soft% Hard% Soft%
2nd year \$ 3rd year \$		Percentage of total grant:9 Percentage of total grant:9		Hard%
•			/0	11aid/0/0
Check here if no r	naten is r	equirea	Marie Carlos	·

Ren	ninde	r: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.
5.	a.	Does the grant contain a maintenance of effort requirement? X No Yes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant? Project reporting to USFWS
6.	Are a.	indirect costs included in the proposal? Yes _X_ No. If indirect costs are not included in the proposal, indicate reason. No salaries paid from Federal Funds.
	b.	If indirect costs are included in the proposal, indicate the indirect cost rate %
	c.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	indirect costs part of any match? Yes _X_ No
8.	Hov	w many positions are needed to carry out this program? New3 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.	Leg	al authority to apply for and accept grant.
	M.S	S. 84.085
14.	Will	the program involve a change in existing rules? Yes _X_ No
15.	Will	the program require new rules? Yes _X_ No
	<u>ر ر</u>	5-18-97
		Accounting Coordinator's Signature Date
	<u> </u>	mle AL 25-97
	entre sa la la la companya de la co	Executive Budget Officer's Signature Date

FI-00211-04 (6-96)



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: Board of Water and Soil Resources Title of Project/Proposal:"Grass Lake Prairie Wetland" North American Wetlands Conservation Federal Catalog Number: Act (NAWCA)
Ту	pe of Grant: New xx Continuation Other If Other, Please Explain.
Th	is request is in the following state:
Pr	e-application Application XX Negotiation Awarded
	s the Legislature approved the expenditure of these funds by review in the biennial budget process. Yes XXNo If yes, state the page and current budget volume for reference.
Th	is award/proposal: Start Date: January, 1998 End Date: January, 2000
	is award/proposal: Start Date: January, 1998 End Date: January, 2000 Funding Amount: \$ 750,000 Positions: 0
1.	(FY98 \$375,000 FY99 \$375,000) 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. BWSR had full latitude in submitting requests for funding from the North American Wetlands Conservation Counsil (NAWCC)
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. Federal grant dollars will be used to acquire conservation easements and restore wetland and adjacent upland habitat through the RIM Reserve 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. Grant monies will be used in the same manner as other funding for the RIM Reserve Program. The grant proposal, if awarded, will be used to further program goals in
	the area specified in the attacted proposal.
1 .	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 \$ 277.833 Percentage of total grant 37 % Hard
	Check here if no match is required

٥.	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 required match of \$555,666 will be composed of already acquired conservation easements in the project area.
6.	Are indirect costs included in the proposal?Yes XX No
	a. If indirect costs are not included in the proposal, indicate reason. Indirect costs are not calculated on the expenditure categories that will be used for conservation easements.
	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 XXNo
8.	How many positions are needed to carry out this program? New New S FTE Existing
9.	Will the award supply funding of present positions? Partial Full XX None
10.	Will new positions be funded entirely by the grant award? Yes XX No
11.	a. Will the state be asked to pick up the positions when federal funds are discontinued? Yes XX 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 XX No
	b. If yes, has provision been made to provide the necessary funding? Yes No
13.	Legal authority to apply for and accept grant.
14.	Will the program involve a change in existing state rules? Yes XX No
15.	Will the program require new rules? YesXX No
	and Awards 3/17/97
ACCOL	Oring Coordinator's Signature () Date () 20/97
Exect	uive Budget Officer's Signature Date



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

Department Name: Board of Water and Soil Resources

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.

	Title of Project/Proposal: "Northern Tallgrass Prairie Restoration" North American Wetland Federal Catalog Number: Conervation Act (NAWCA)
Тչ	pe of Grant: New XX Continuation Other If Other, Please Explain.
Th	tis request is in the following state:
Pr	e-application Application Negotiation XX Awarded
	us 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.
Th	is award/proposal: Start Date: March 20, 1997 End Date: September, 1998 Funding Amount: \$ 175,000 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 had full lattitude in submitting requests for funding from this NAWCC (North American Wetland Conservation Commission) grant request.
2.	Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. Federal grant dollars will be used to acquire conservation easements under the RIM Reserve Program, and restore wetland and adjacent upland wildlife habitat.
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.	Grant monies will be used in same manner as other funding for the RIM Reserve. Funds will be used to further program goals in the area specified in the attached proposal. 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. FY-98 \$100,000 FY-99 \$75,000 1st year \$ 175,000 Percentage of total grant 100 % Hard % Soft 100 % 2nd year \$ Percentage of total grant % Hard % Soft
	Check here if no match is required .

٥.	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 required match of \$175,000 which will be composed of already acquired and recore conservation easements in the project area.
6.	Are indirect costs included in the proposal?YesXX No
	 a. If indirect costs are not included in the proposal, indicate reason. Indirect costs are not calculated on the expenditure categories that will be used for conservation easements. 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 _xx_No
8.	How many positions are needed to carry out this program? New New Existing
9.	Will the award supply funding of present positions? Partial Full XX None
10.	Will new positions be funded entirely by the grant award? Yes XX No
11.	a. Will the state be asked to pick up the positions when federal funds are discontinued? Yes <u>xx</u> 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 XX No
	b. If yes, has provision been made to provide the necessary funding? Yes No
13.	Legal authority to apply for and accept grant.
14.	Will the program involve a change in existing state rules? Yes XX No
15.	Will the program require new rules? YesXX No
	Tomschumbe 3/17/97
Acco	cordinator's Signature Date
Exec	utive Budget Officer's Signature Date



Policy Note

Notice of Application for Federal Grant Assistance

Department Name: Public Service Type of Grant: _X New				
Title of Project/Proposal: NICE3: Me	Continuation			
Federal Catalog Number: 81.105 DOE Conservation and Development Other (if other, please explain):				
This request is in the following state:	Has the Legislature approved	This award/proposal:		
Pre-Application	the expenditure of these funds by review in the biennial budget	Start Date: 10/1/97		
X Application	process? X No Yes	End Date: 3/30/99		
Negotiation Awarded	If yes, state the page and cur- rent budget volume for reference.	Funding Amount:		
		\$400,000		
as a pass through entity if pass a pass through entity if pass a pass through entity if passecify the activities which will take program. The NICE3 program and creat less pollution. The technology to be used in the waste wood for energy and incented the new process will be distracted as the pollution of the pollution prevention grames are coordinated with existing programs. The pollution prevention grames both DPS and OEA have applied contact with each other about	by sub-receipient, the Instance by sub-receipient, the Instance Department made minor adjusted proposal is selected. Seed grant, including a brief statement place and any products (reports, plooks for new industrial propagation of the paper industry. It will accrease the efficiency of the ributed by the U.S. DOE. I relates to, or differs from, existing and units of government. State how the NICE3 program of the paper and received this type all of the NICE3 projects.	n selection area. titute of Gas Technology, according ustment to 'proposal, and will act sent of the goals and objectives. Also, plans, etc.) which will result from the ocess technologies that use less his proposal is a methane reburrallow production to utilize more a production process. Results of g state programs, both within your of the proposed program will be federal government is similar to invironmental Assistance (OEA). The of grant in the past. We are in Minnesota (currently two).		
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.				
2nd year \$ F	Percentage of total grant:% Percentage of total grant:% Percentage of total grant:% equiredX_No state match i	Hard% Soft% Hard% Soft% Hard% Soft% s required. All required match		

Rem	inder	r: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode,
5.	a.	Does the grant contain a maintenance of effort requirement? \underline{X} NoYes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant? Only commitment is fund administration over 18 month grant period. The cost of this administration is borne by the State Energy Program.
6.	a.	indirect costs included in the proposal?Yes _X No. If indirect costs are not included in the proposal, indicate reason. This is a pass through grant where the state does not have any financial obligation other than administration. The administrative funds are an eligible expense under the federal State Energy Program. If indirect costs are included in the proposal, indicate the indirect cost rate %
	c.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	indirect costs part of any match? Yes No
8.	Hov	v 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 \underline{X} No
	b.	Is continuation of positions a condition of receiving the federal grant? Yes $\frac{X}{f}$ 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.		al authority to apply for and accept grant. MS216C.02 gives the Commissioner of Public Service, to apply for, receive, and distributed federal grant funds for purposes of energy efficiency and renewable energy use.
14.	Will	the program involve a change in existing rules?Yes \underline{X} No
15.	Will	the program require new rules? Yes X No
	2/	Missams Klond 2-24-97
V	<i>,</i> — 0	Accounting Coordinator's Signature Date
(Jo2	ne astron 2-26-97

Date

FI-00211-04 (6-96)

Executive Budget Officer's Signature



Policy Note

Notice of Application for Federal Grant Assistance

This request is in the following state: Has the Legislature approved the expenditure of these funds by review in the biennial budget process? X No Yes This award/proposal: Start Date: 7/1/97	
Negotiation Negotiation Awarded End Date: 6/30/98 Funding Amount: \$21,840 FTE: 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. Program was formulated by Internal Revenue Service and Federal Highway Administration. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. This grant is to assist the IRS in administering the dyed fuel program. These monies will be used to offset travand equipment costs. 	
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agence and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The dyed diesel fuel program is an extension of activities to curb motor fuel tax evasion.	
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year. 1st year \$ Percentage of total grant:% Hard% Soft% 2nd year \$ Percentage of total grant:% Hard% Soft% 3rd year \$ Percentage of total grant:% Hard% Soft% Check here if no match is requiredX	

Ren	minder: If filling this out electronically, make sure you are	n typeover mode and not insert mode.
5.	a. Does the grant contain a maintenance of effort requbase year and the amount \$	
	b. What short and long term commitments is the state	making by acceptance of this grant?
	No short or long term commitments are being made	
6.	Are indirect costs included in the proposal?Yes _X Na. If indirect costs are not included in the proposal, indirect	
	Amount is not sufficient to warrant indirect cost pla	n.
	b. If indirect costs are included in the proposal, indicat	e the indirect cost rate %
	c. If rate charged is different than agency's approved r Operations specific exemption.	ate, indicate reason. Please attach a copy of Budget
7.	Are indirect costs part of any match?Yes _X_No	
8.	How many positions are needed to carry out this program	? New Existing (None from this grant)
9.	Will the award supply funding of present positions?	Partial Full _X_ None
10.	Will new positions be funded entirely by the grant award	Y YesX_ No
11.	a. Will the state be asked to pick up the positions whe	n federal funds are discontinued? Yes <u>X</u> No
	b. Is continuation of positions a condition of receiving	the federal grant? Yes <u>x</u> No
12.	a. Will the state be asked to pay for unemployment co	npensation if individuals are laid off?
	b. If yes, has provision been made to provide the neces	sary funding?YesNo
13.	Legal authority to apply for and accept grant.	
	Minnesota Statutes, Chapter 4, Section 7	
14.	Will the program involve a change in existing rules?	′es <u>X</u> No
15.	Will the program require new rules? Yes _X_ No	
S	Mathew 6 Sith D.C.	3/17/97
	Accounting Coordinator's Signature	• Date
	Mary Wolling	3/11/9
/	Executive Budget Officer's Signature	Date



Policy Note

Notice of Application for Federal Grant Assistance

	Department Name:	MN De	partment of Revenue		e of Grant:	
•			loint Federal/State Motor Fuel Tax Compliance Project		New _X_Continuation	
•		TCP 00	- I		Other (if other, please explain):	
	s request is in the follow	wing state:	Has the Legislature approved expenditure of these funds be review in the biennial budget	У	This award/proposal: Start Date: 7/1/97	
			process? X No Yes		End Date: 6/30/98	
	Application Negotiation		If yes, state the page and cur- rent budget volume for reference.		Funding Amount: \$50,000	
	Awarded				FTE:	
	Awaided					
	tance. Discretion may We have complete disc Highway Administration Summarize the purpose specify the activities we program. To be used to combat in	te in the admination. The of the proposition will take motor fuel tax	inistration/staffing or program inistration of this grant. The an sed grant, including a brief star place and any products (repor	mount temen ts, pla	tion of the application for federal assistion area. t of \$50,000 is set by the Federal , at of the goals and objectives. Also, ans, etc.) which will result from the	
3.	• •			_	tate programs, both within your agency osed program will be coordinated with	
	This is the 5th and fina	l year of a gra	nt to be used for motor fuel ta	x eva:	sion purposes.	
					dicate what percentage is hard (cash) years, include information for each	
	1st year \$ 2nd year \$ 3rd year \$ Check here if	2nd year \$ Percentage of total grant:% · Hard% Soft%			Hard% Soft%	

Ren	ninder:	If filling this out electronically, make sure you are in typeover mode and not insert mode.
5.		Does the grant contain a maintenance of effort requirement? X No. Yes. If yes, please provide the pase year and the amount \$
	b. \	What short and long term commitments is the state making by acceptance of this grant?
	1	No short or long term commitments are being made.
6.		ndirect costs included in the proposal? Yes _X_No. f indirect costs are not included in the proposal, indicate reason.
	A	Amount is not sufficient to warrant indirect cost plan.
	b. i	f indirect costs are included in the proposal, indicate the indirect cost rate %
		f rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are in	direct costs part of any match? YesX_No
8.	How	many positions are needed to carry out this program? NewX Existing
9.	Will th	ne award supply funding of present positions? X Partial Full None
10.	Will n	ew positions be funded entirely by the grant award? Yes _X_ No
11.	a. V	Will the state be asked to pick up the positions when federal funds are discontinued?Yes_X_No
	b. Is	s continuation of positions a condition of receiving the federal grant?Yes_X_No
12.		Will the state be asked to pay for unemployment compensation if individuals are laid off? Yes X No
	b. It	f yes, has provision been made to provide the necessary funding?YesNo
13.	Legal	authority to apply for and accept grant.
	Minne	sota Statutes, Chapter 4, Section 7
14.	Will th	ne program involve a change in existing rules?Yes _X_No
15.	Will the	e program require new rules? Yes _X_No
•		
entra en estado en e	2	letter 6 Sith D.C. 3/17/97
		Accounting Coordinator's Signature Date
	/	Som / wh 3/17/97

Date

Executive Budget Officer's Signature FI-00211-04 (6-96)



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

Policy Note Notice of Application for Federal Grant Assistance

Department Name: Departm	ent of Public Safety	Type of Grant:		
	zard Mitigation Program (SHMP)	X_New Continuation		
34	zard Willigation (rogram (Or iwi)	Other (If Other, please explain):		
Federal Catalog Number: Number	not assigned			
This request is in the following state: Pre-Application	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?	This award/proposal: 02-12-97 Start Date: 10-01-96 End Date: 09-30-97		
Application	XNoYes	53,570		
Negotiation	If yes, state the page and current budget volume for reference.	Funding Amount: \$62,187		
X Awarded	budget volume for reference.			
 assistance. Discretion may be in the administration/staffing or program selection area. Specific guidance is provided to this agency on the deliverables to meet program goals; however, some latitude is given to the state on how to best meet those program goals. 2. Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The purpose of the SHMP is to provide financial and technical assistance to states to create and maintain comprehensive state hazard mitigation programs. 				
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. This program, though different, must work closely with other FEMA-funded and non-FEMA-funded emergency management programs.				
	d for each year of the grant; also inc kind). If the grant runs longer than t	licate what percentage is hard (cash) three years, include information for		
1st year \$ <u>0</u>	Percentage of total grant%	Hard% Soft%		
2nd year \$ 3rd year \$	Percentage of total grant% Percentage of total grant%	' Hard% Soft% Hard% Soft%		
Check here if no match is requiredX				

Re	mind	er: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.
5.	a.	Does the grant contain a maintenance of effort requirement? X No Yes If yes, please provide the base year and amount \$
	b.	What short and long-term commitments is the state making by acceptance of this grant? To fulfill the work activities proposed in the FY 1997 Cooperative Agreement.
6.	Are a.	indirect costs included in the proposal? X Yes No If indirect costs are not included in the proposal, indicate reason.
	b.	If indirect costs are included in the proposal, indicate the cost rate9.16%
	c.	If rate charged is different from agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	indirect costs part of any match? YesXNo
8.	Hov	w many positions are needed to carry out this program? New1 Existing
9.	Will	the award supply funding of present positions? Partial None None
10.	Will	new positions be funded entirely by the grant award?X Yes No
11.	a.	Will the state be asked to pick up the positions when federal funds are discontinued? YesXNo
	b.	Is continuation of positions a condition of receiving the federal grant? YesX No
12.	a.	Will the state be asked to pay for unemployment compensation if individuals are laid off? Yes No
13.		If yes, has provision been made to provide the necessary funding?YesXNo Again will absorb, all authority to apply for and accept grant. Chapter 12.22 of the Minnesota Statutes.
14.	Will	the program involve a change in existing state rules?YesXNo
1		the program require new rules?YesXNo
		Draffa Sum 3/17/97
Acco	untir Led	Date 3/9/97
Exec	utive	Budget Officer's Signature Date



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

Policy Note Notice of Application for Federal Grant Assistance

<u> </u>				
Department Name: Department of Public Safety			Type of Grant: X New	
Cor	e of Project/Proposal: Compreher npensation and Liability Act of 1980 leral Catalog Number: 83.012	NewContinuationOther (If Other, please explain):		
Thi	s request is in the following state:	Has the Legislature approved the expenditure of these funds by review		
	_ Pre-Application	in the biennial budget process?	Start Date: February 3, 1997	
	_ Application	XNoYes	End Date: September 30, 1997	
	_ Negotiation	If yes, state the page and current budget volume for reterence.	Funding Amount: \$4,145.00	
<u>X</u>	Awarded	budget volume for reference.	FTE: 0	
2.	 Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Specific guidance is provided to this agency on the deliverables to meet program goals; however, some latitude is given to the state on how to best meet those program goals. 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. Financial assistance associated with this appropriation is intended to support the state's roles in the National Response System for hazardous materials incident response. Allowable uses include work with FEMA and the Regional Response Team to develop hazardous materials exercises; communicate lessons learned from exercises; perform plan reviews; and facilitate attendance at RRT meetings by both response and environmental state representatives. 			
 4. 	agency and within other agencie coordinated with existing progra. The State has never before receive participation has been limited. The of its State general fund money. The non-FEMA-funded emergency manufacte the state match required and what percentage is soft (in-keach additional year.	s and units of government. State I ms. ed funding to support its participation i Minnesota Pollution Control Agency his program, though different, must wagement programs. I for each year of the grant; also in tind). If the grant runs longer than	in the Regional Response Team; therefore has been funding this activity using some ork closely with other FEMA-funded and dicate what percentage is hard (cash) three years, include information for	
, consequently	1st year \$0 P 2nd year \$P 3rd year \$P Check here if no match is required	Percentage of total grant0% Percentage of total grant% Percentage of total grant%X	Hard% Soft% Hard% Soft% Hard% Soft%	

Rei	nind	er: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.
5.	a.	Does the grant contain a maintenance of effort requirement? X No Yes If yes, please provide the base year and amount \$
	b.	What short and long-term commitments is the state making by acceptance of this grant? None
6.	Are a.	indirect costs included in the proposal? Yes X No If indirect costs are not included in the proposal, indicate reason. There are no personnel costs paid from this grant.
	b.	If indirect costs are included in the proposal, indicate the cost rate%
	C.	If rate charged is different from agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	indirect costs part of any match?YesN/ANo
8.	How	many positions are needed to carry out this program?N/ANewExisting
9.	Will	the award supply funding of present positions? <u>N/A</u> Partial Full None
10.	Will	new positions be funded entirely by the grant award? N/A Yes No
11.	a.	Will the state be asked to pick up the positions when federal funds are discontinued? N/A Yes No
	b.	Is continuation of positions a condition of receiving the federal grant? N/A 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? N/A Yes No
13.	Lega	al authority to apply for and accept grant. Chapter 12.22 of the Minnesota Statutes.
14.	Will	the program involve a change in existing state rules?YesXNo
15.	Will	the program require new rules? Yes X No
		Drulka Frum 3/17/97
√cco	unting	g Coordinator's Signature Date 3/19/47
Exec	utive	Budget Officer's Signature Date



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

Policy Note Notice of Application for Federal Grant Assistance

Department Name:	Denartme	nt of Public Safety	Type of Grant:		
Department Name.		int of Fublic Galety	X_New		
Title of Project/Proposal: Anti-Terror		rism Training and Planning	Continuation		
Federal Catalog Number: 83.534		. •	Other (If Other, please explain):		
This request is in the following state:		Has the Legislature approved the expenditure of these funds by review in the biennial budget	This award/proposal: ロンマーマフータク Start Date: 10-01-96		
Pre-Application		process?	End Date: 09-30-97		
Application		XNoYes	Funding Amount: \$41,113.00		
Negotiation		If yes, state the page and current			
X_ Awarded		budget volume for reference.	FTE: 0		
 assistance. Discretion may be in the administration/staffing or program selection area. Specific guidance is provided to this agency on the deliverables to meet program goals; however, some latitude is given to the state on how to best meet those program goals. 2. Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The purpose of the Anti-Terrorism grant is to provide training and planning to respond to the consequences of potential terrorist acts which will strengthen emergency management capabilities. 					
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. This program, though different, must work closely with other FEMA-funded and non-FEMA-funded emergency management programs.					
	ige is soft (in-k		dicate what percentage is hard (cash) three years, include information for		
1st year \$ 0 2nd year \$ 3rd year \$ Check here if no n	P	ercentage of total grant% ercentage of total grant% ercentage of total grant% edX	Hard% Soft% Hard% Soft% Hard% Soft%		

Re	mind	der: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.
5.	a.	Does the grant contain a maintenance of effort requirement? X No Yes If yes, please provide the base year and amount \$
	b.	What short and long-term commitments is the state making by acceptance of this grant? To fulfill the work activities proposed in the grant application.
6.	Are a.	e indirect costs included in the proposal? YesX No If indirect costs are not included in the proposal, indicate reason.
		No salaries or fringe benefits are being paid with these funds.
	b.	If indirect costs are included in the proposal, indicate the cost rate%
	c.	If rate charged is different from agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	indirect costs part of any match? <u>N/A</u> Yes No
8.	How	w many positions are needed to carry out this program?0 New0 Existing
9.	Will	the award supply funding of present positions?N/A Partial Full None
10.	Will	new positions be funded entirely by the grant award? <u>N/A</u> Yes No
11.	a.	Will the state be asked to pick up the positions when federal funds are discontinued?YesXNo
	b.	Is continuation of positions a condition of receiving the federal grant? YesX 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? YesX No
13.	Lega	al authority to apply for and accept grant. Chapter 12.22 of the Minnesota Statutes.
14.	Will	the program involve a change in existing state rules?YesXNo
15.	,Will	the program require new rules?YesXNo
	4	Jul60 men = 1/17/97
Acco	untin	ng Coordinator's Signature Date
		3/19/97
Exec	utive	Budget Officer's Signature Date



Policy Note Notice of Application for Federal Grant Assistance

Department Name:	Public :	Safety	1 ''	e of Grant:		
Title of Project/Proposal:	BCA For	ensic Science Lab	_ 1			
Title of Frejest/Freje	DNA Grant			Continuation		
Federal Catalog Number:		Y97/National Institute		Other (if other, please explain):		
		ice Forensic DNA				
	Program	T				
This request is in the follow	ving state:	Has the Legislature approved		This award/proposal:		
Pre-Application		expenditure of these funds b review in the biennial budget	•	Start Date: 10/97		
X Application		process? X_No _Yes		End Date: 9/98		
Application		If yes, state the page and cur	r-	5		
Negotiation		rent budget volume for		Funding Amount: £00,000.00		
Awarded		reference.		FTE: 0		
Awarded		-				
 Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. The BCA Forensic Science Laboratory had full discretion in the proposal made. The dollar amount available will be dictated by NIJ. The BCA Forensic Science Laboratory would make monthly reports to NIJ. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. This project will help implement our PCR (Polymerase Chain Reaction)/DNA/STR (Short Tandem Repeats) program. 						
and within other agenci	sed program	relates to, or differs from, exis		tate programs, both within your agency osed program will be coordinated with		
existing programs.				, _ , , , , , , , , , , , , , , , , , ,		
This grant will enhan	nce the BC/	A's DNA program approve	d and	d funded for the 96-97 biennium		
The implementation o	f STR's wi	ll allow for shorter tu	rn-a	round time in DNA analysis.		
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.						
1st year \$66	6,667.00	Percentage of total grant25_%	•	Hard% Soft 100_%		
2nd year \$		Percentage of total grant:%		Hard% Soft%		
3rd year \$		Percentage of total grant:%		Hard% Soft%		
Check here if r	no match is re	equired				

	under	: If filling this out electronically, make sure you are in typeover mode and not insert mode.
5.	a.	Does the grant contain a maintenance of effort requirement? X_ No Yes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant?
6.		indirect costs included in the proposal? Yes X_ No.
		If indirect costs are not included in the proposal, indicate reason. Indirect costs are based on salaries. Salaries are not part of that proposal.
	b.	If indirect costs are included in the proposal, indicate the indirect cost rate %
		If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are i	ndirect costs part of any match? Yes X No
8.	How	many positions are needed to carry out this program? New2 Existing
9.	Will t	the award supply funding of present positions? Partial Full X_ None
10.	Will r	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. 1	Is continuation of positions a condition of receiving the federal grant? $_$ Yes $\stackrel{X}{=}$ No ,
12.	a. '	Will the state be asked to pay for unemployment compensation if individuals are laid off? _Yes $\frac{X}{}$ No
	b. 1	If yes, has provision been made to provide the necessary funding? Yes No
13.	Legal	authority to apply for and accept grant. MS 4.07
14.	Will ti	he program involve a change in existing rules? Yes X_ No
15.	Will th	ne program require new rules? Yes _X No
		3/17/97
		Accounting Coordinator's Signature Date
		3/19/97
		Executive Budget Officer's Signature Date



Policy Note

Notice of Application for Federal Grant Assistance

· Dep	Department Name: Public Safety		Type of Grant:			
Title of Pr	Title of Project/Proposal: BCA Forensic Science Lab		New X_ Continuation			
		DNA Grant		l	Other (if other, please explain):	
J		nber: CY99/FFY98 nsic DNA Progra	B/National Institute	`	Strot (it other, please explain,	
01 00301			1 111			
This reques	st is in the	following state:	Has the Legislature approved		This award/proposal:	
∡ Pre-Appl	ication		expenditure of these funds by review in the biennial budget		Start Date: 10/98	
Applicati	ion		process? X No _ Yes		End Date: 9/99	
Applicati	1011		If yes, state the page and cur		Funding Amount: \$150,000.00	
Negotiat	ion		rent budget volume for		-	
Awarded	i		reference.		FTE: 0	
ı						
 Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. The BCA Forensic Science Laboratory had full discretion in the proposal made. The dollar amount available will be dictated by NIJ. The BCA Forensic Science Laboratory would make nonthly reports to NIJ. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. This project will accelerate the process of implementing STR (Short Tandem Repeats)/DNA inalysis. 			the proposal made. The dollar Science Laboratory would make tof the goals and objectives. Also, ns, etc.) which will result from the			
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.						
					funded for the 96-97 biennium.	
The implem	entation	of STR's will	allow for shorter turn	n-aro	ound time in DNA analysis.	
	it percenta	•	· · · · · · · · · · · · · · · · · · ·		dicate what percentage is hard (cash) years, include information for each	
	1st year	\$ 50,000.00	Percentage of total grant: <u>25</u> %	đ	Hard%	
A common of the	2nd year		Percentage of total grant:%		Hard% Soft%	
1	3rd year Check her	ہ re if no match is re	Percentage of total grant:% quired		Hard% Soft%	
					1	

Ben	ninder: If filling this out electronically, make sure you are in typeover mode and not insert mode.
5.	a. Does the grant contain a maintenance of effort requirement?X_NoYes. If yes, please provide the base year and the amount \$
	b. What short and long term commitments is the state making by acceptance of this grant?
•	
6.	Are indirect costs included in the proposal? Yes X No. a. If indirect costs are not included in the proposal, indicate reason.
	Indirect costs are based on salaries. Salaries are not part of that proposal.
	b. If indirect costs are included in the proposal, indicate the indirect cost rate %
	c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are indirect costs part of any match? Yes X_ 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 _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? YesX_ 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.
14.	Will the program involve a change in existing rules? Yes X_ No
15.	Will the program require new rules? Yes _X No
	J/60 hun 3/17/97
	Accounting Coordinator's Signature Date
	3/19/97
	Executive Budget Officer's Signature Date

FI-00211-04 (1/97)



Policy Note

Notice of Application for Federal Grant Assistance

Department Name: Department of Public Safety Type of Grant: X New		
Title of Project/Proposal: BCA Forensi CODIS Impro	_ New _ Continuation	
Federal Catalog Number: CY98/FFY97/ Assistance, State Identificati Program	'FBI, Bureau of Justice —	Other (if other, please explain):
This request is in the following state:	Has the Legislature approved th	e This award/proposal:
This request is in the following state.	expenditure of these funds by	
X Pre-Application	review in the biennial budget process? X_NoYes	Start Date: 10/98
Application	p. 60 60 61 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	End Date: 9/99
Negotiation	If yes, state the page and current budget volume for	Funding Amount: \$173,000.00
	reference. P.L. 104.208,	FTE: 0
	Justice Appropriations Act, 1997	
)		
1. Describe what discretion or latitude y	our agency was allowed in prepa	ration of the application for federal assis-
tance. Discretion may be in the admi		ection area.
The BCA Forensic Science Lab	oratory	
		,
2. Summarize the purpose of the propos specify the activities which will take program.		ent of the goals and objectives. Also, plans, etc.) which will result from the
	convert a portion of Minn	esota's sex offender database
from the current RFLP (Restr Tandem Repeats). The total (iction Fragment Length Po	lymorphism) to STR's (Short
		state programs, both within your agency posed program will be coordinated with
This program relates to our o	current DNA sex offender	tatabase
		adduction.
• •	•	
4. Indicate the state match required for	each other year of the grant, also	indicate what percentage is hard (cash)
and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each		
additional year.	;	
1st year \$ F	Percentage of total grant:%	Hard% Soft%
· ·	Percentage of total grant:%	Hard% Soft%
·	Percentage of total grant:%	Hard% Soft%
Check here if no match is re-	quiredX_	

Rec	ninder	If filling this out electronically, make sure you are in typeover mode and not insert mode.
5.	a.	Does the grant contain a maintenance of effort requirement? X No Yes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant?
6.		ndirect costs included in the proposal? $_$ Yes X _ No. If indirect costs are not included in the proposal, indicate reason. Indirect costs are based on salaries. Salaries are not part of
		that proposal.
	b.	If indirect costs are included in the proposal, indicate the indirect cost rate %
		If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are i	ndirect costs part of any match? Yes $\stackrel{X}{ ext{$\perp$}}$ No
8.	How	many positions are needed to carry out this program? New Existing
9.	Will t	he award supply funding of present positions? $$ Partial $$ Full $$ None
10.	Will r	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 💢 No
	b. I	s continuation of positions a condition of receiving the federal grant? Yes X No
12.		Will the state be asked to pay for unemployment compensation if individuals are laid off? _Yes X _No
	b. 1	f yes, has provision been made to provide the necessary funding? Yes No
13.	Legal	authority to apply for and accept grant. ריס, אין
	\A/GH +	ne program involve a change in existing rules? <u>Yes X</u> No
14.		e program require new rules? Yes X No
		e program reduite new rules: res /_ 140
		And 1012 Prim 3/17/97
		Accounting Coordinator's Signature Date
		3/19/97
		Executive Budget Officer's Signature Date

FI-00211-04 (1/97)



Policy Note

Notice of Application for Federal Grant Assistance

Department Name: Department	Department Name: Department of Public Safety			
Title of Project/Proposal: BCA Drugfire/Firearms Grant			 New X Continuation Other (if other, please explain): 	
Federal Catalog Number: CY99 / FFY9 Investigation Drug Fire Grant F	John Ederal Dureau Or			
This request is in the following state:	Has the Legislature approved the		This award/proposal:	
X Pre-Application	expenditure of these funds by review in the biennial budget	•	Start Date: 10/98	
Application	process? X No _ Yes		End Date: 9/99	
Negotiation	If yes, state the page and cur rent budget volume for	r-	Funding Amount: \$4,000.00	
Awarded	reference.		FTE: 0	
 Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. The BCA Forensic Science Laboratory had full discretion in the proposal made. The dollar amount available will be dictated by the FBI. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. This grant would provide the hardware for the bullet comparison device to be added to each of the "DrugFire" workstations at the BCA, Minneapolis PD and the Hennepin County Sheriff's Office. 				
3. Describe how the proposed program reand within other agencies and units of existing programs.	f government. State how the	propo	sed program will be coordinated with	
This program will enhance the	e ability to link firea	rm re	elated crimes.	
 Indicate the state match required for eand what percentage is soft (in-kind). additional year. 				
2nd year \$ F	Percentage of total grant:% Percentage of total grant:% Percentage of total grant:% quiredX	4	Hard% Soft% Hard% Soft% Hard% Soft%	

Ber	ninder: If filling this ou	t electronically, make sure yo	ou are in typeover mode and not insert mode.
5.		contain a maintenance of effo	rt requirement? X No Yes. If yes, please provide the
	b. What short and	ong term commitments is the	e state making by acceptance of this grant?
6.	.a. If indirect costs		
	b. If indirect costs a	are included in the proposal, in	ndicate the indirect cost rate %
	c. If rate charged is Operations speci		oved rate, indicate reason. Please attach a copy of Budget
7.	Are indirect costs part	of any match?Yes X_N	0
8.	How many positions a	re needed to carry out this pr	rogram? New2 Existing
Э.	Will the award supply	funding of present positions?	Partial Full X_ None
10.	Will new positions be	funded entirely by the grant a	award?Yes X_ No
11.	a. Will the state be	asked to pick up the position	s when federal funds are discontinued? Yes 🗴 No
	b. Is continuation of	positions a condition of rece	eiving the federal grant? Yes $\frac{X}{L}$ No
12.	a. Will the state be :Yes _X No	asked to pay for unemployme	ent compensation if individuals are laid off?
	b. If yes, has provisi	on been made to provide the	necessary funding?YesNo
13.		y for and accept grant. S 4,0つ	
14.		ve a change in existing rules?	Yes X_No
15.	Will the program require	e new rules? Yes X_No	
			· .
	And h	Q Sum	3/17/67
	Accounting Coord	dinator's Signature	Date
	John PM	1	3/19/97
	Executive Budget	Officer's Signature	Date
-002	211-04 (1/97)		



Policy Note

Notice of Application for Federal Grant Assistance

Department Name: Public Safety/ BCA-Training Unit Title of Project/Proposal: V.A.W.A. project: Regional Survey Project on Domestic Abuse Training Federal Catalog Number:		Type of Grant: XX New Continuation Other (if other, please explain):		
This request is in the following state: xxPre-Application Application Negotiation Awarded	Has the Legislature approved expenditure of these funds be review in the biennial budget process? XX No Yes If yes, state the page and current budget volume for reference.	y :	Start Date: July End Date: June Funding Amount:	, 2000
 Describe what discretion or latitude y tance. Discretion may be in the admin Dept. of Public Safety/BCA-Training program selection area. Summarize the purpose of the propose specify the activities which will take program. The program is designed Policy developed by P.O.S.T. and the by BCA's domestic violence training 	inistration/staffing or programing Unit has full discretion in the grant, including a brief state place and any products (report to assess the understanding & application of key domestic	select n the temen ts, pla	ion area. administration, t of the goals and ns, etc.) which w	staffing, and d objectives. Also, vill result from the del Domestic Abuse
 Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. Currently, there is no mechanism to assess the understanding and/or compliance w/ the Model Domestic Abuse policy or training on key domestic violence investigative techniques. This program will provide that assessment. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) 				
and what percentage is soft (in-kind). additional year. 1st year \$ 5,000 2nd year \$ 5,000	If the grant runs longer than Percentage of total grant:25_% Percentage of total grant25_% Percentage of total grant25_%	three		

Ren	ninder	If filling this out electronically, make sure you are in typeover mode and not insert mode
5.	a.	Does the grant contain a maintenance of effort requirement? XX No Yes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant? Our short term commitment (during the tenure of the grant) is to provide the evaluation outline in the grant. There is not long term commitment beyond the grant period.
6.	Are a.	indirect costs included in the proposal?Yes xx No. If indirect costs are not included in the proposal, indicate reason. Indirect costs are based on salaries. There are no salaries for this grant application.
	b.	If indirect costs are included in the proposal, indicate the indirect cost rate %
	c.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	indirect costs part of any match? Yes xx_ No
8	How	many positions are needed to carry out this program? New1 Existing
9.	Will	the award supply funding of present positions? Partial FullXX None
10.	Will	new positions be funded entirely by the grant award? Yes No
11.	а.	No new postions are being asked for in this proposal. Will the state be asked to pick up the positions when federal funds are discontinued? Yes No
	b.	N/A 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.	Lega	l authority to apply for and accept grant. M.S. 4.07
14.	Will	the program involve a change in existing rules? YesXNo
15.	Will t	he program require new rules? YesXNo
		3/12/97
		Accounting Coordinator's Signature Date
		12hpM 3/19/97

Executive Budget Officer's Signature

Date



Policy Note

Notice of Application for Federal Grant Assistance

	A		
Department Name: Public Safety/ BCA-Training Unit Title of Project/Proposal: V.A.W.A. project: Sexual Assault Investigative Training for Law Enforcement & Prosecution Federal Catalog Number: 16.588		Type of Grant: XX New Continuation Other (if other, please explain):	
This request is in the following state: XX Pre-Application _ Application _ Nogotiation _ Awarded	Has the Legislature approved expenditure of these funds by review in the biennial budget process? XX No Yes If yes, state the page and current budget volume for reference.	Y	This award/proposal: Start Date: June, 1997 End Date: June, 1998 Funding Amount: \$ 50,000 FTE:
 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. Dept. of Public Safety/BCA-Training Unit has full discretion in the administration, staffing, and program selection area. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The grant is designed to address gaps in sexual assault investigative training for law enforcement & prosecutors, and to promote a multi-disciplinary approach to these offenses. It is geared to include victim services as apart of the training, and to address cultural & ethnic issues. It will have a special focus on investigative techniques in stalking. 			
 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 expand on and provide more comprehensive training for programs currently offered by the training unit. Certain areas covered by this proposal address important issues that are not currently being handled effectively(i.e. investigative techniques for stalking) Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) 			
and what percentage is soft (in-kind). additional year. 1st year \$ 16,666	If the grant runs longer than Percentage of total grant25_% Percentage of total grant:% Percentage of total grant:%	three	

9:10

Date

P.04

Hen	noder	- 17 filling this out electronically, make sure you are in typeover mone and not his en mode.
5.	a.	Does the grant contain a maintenance of effort requirement? X No Yes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant? Our short term commitment (during the tenure of the grant) is to provide training based on the perimeters outline in the grant. Long term there is no commitment.
6.	Are a.	indirect costs included in the proposal? _ Yes $\stackrel{XX}{\sim}$ No. If indirect costs are not included in the proposal, indicate reason.
		Indirect costs are based on salaries. There are no salaries for this grant application
	ь.	If indirect costs are included in the proposal, indicate the indirect cost rate %
	C.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	indirect costs part of any match? Yes xx. No
8.	How	many positions are needed to carry out this program? New2 Existing
9.	Will	the award supply funding of present positions? Partial FullX None
10.	Will	new positions be funded entirely by the grant award? Yes No
11,	a.	No new positions are being asked for in this grant proposal Will the state be asked to pick up the positions when federal funds are discontinued? Yes No
	b.	N/A Is continuation of positions a condition of receiving the federal grant?YesXX_ 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?YesNo
13.	Lega	al authority to apply for and accept grant.
		M.S. 4.07
14.	Will	the program involve a change in existing rules? Yes _xxNo
15.		he program require new rules? Yes XX No
		Drulla man 3/12/87
-		Accounting Coordinator's Sign=ture Date
		MPN+ 3/19/97

Executive Budget Officer's Signature
FI-00211-04 (1/97)

 $r. \infty$



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

Policy Note

Notice of Application for Federal Grant Assistance

Department Name: Public Safety/BCA-Training Unit		Type of Grant:		
·		xx New		
Title of Project/Proposal: V.A.W.A. projection	ect: Assessment of		Continuation	
Domestic Assault Training Effectives Federal Catalog Number:	ness	c	Other (if other, please explain):	
16.588				
This request is in the following state:	Has the Legislature approved expenditure of these funds b		Tnis award/proposal:	
XX Pre-Application	review in the biennial budget process?xx_NoYes		Start Date: July 1997	
Application	If yes, state the page and current budget volume for		Funding Amount: \$ 150,000 (3yr. proposal/\$50,000 per. yr.)	
Nogotiation		r-		
Awarded	reference.			
Awarded			1-1/2 time student worker	
Dept. of Public Safety/BCA-Training Unit has full discretion in the administration, staffing, and program selection area. 2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The program is designed to evaluate the transfer of learning for Domestic Assault training in specific target areas & to use that data to improve and revise this training for law enforcement, and prosecutors throughout the state.				
3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. This program will evaluate the impact of existing training and that of training programs develop through this proposal. It will help to expand and improve exisiting domestic assault investigative training for law enforcement.				
 Indicate the state match required for and what percentage is soft (in-kind). additional year. 				
2nd year \$16,666	25% Percentage of total grant:—% Percentage of total grant:25 % Percentage of total grant:25 % quired. ——		Hard% Soft% Hard% Soft 100% Hard% Soft 100%	

15. Will the program require new rules? __ Yes XX No

Dote Accounting Coordinator's Signature

Executive Budget Officer's Signature

FI-00211-04 (1/97)



Policy Note
Notice of Application for Federal Grant Assistance

Department Name: Public S	Safety ,State Patrol Division Type	of Granτ:
Title of Motor C	Carrior Safety Assistance Pro-X	1
This request is in the following state: X. Pre-Application Application _ Negotiation _ Awarded	Has the Legislature approved the expenditure of these funds by roviow in the biennial budget process? X No _ Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 10-01-97 End Date: 09-30-98 Funding Amount: \$ 195,000.00 FTE: 2
tance. Discretion may be in the adm	ninistration/staffing or program sele	
The grant must comply with the pro-		,
 Summarize the purpose of the propospecify the activities which will take program. The goal of the MCSAP on crash damaged components of a will allow the creation of a national of 	sed grant, including a brief statem place and any products (reports, p TEAM grant is to train officers on commercial vehicle and the driver data base of causation factors of c	ent of the goals and objectives. Also, plans, etc.) which will result from the the proper method of performing inspection and related documents. This data collect
 Summarize the purpose of the propospecify the activities which will take program. The goal of the MCSAP on crash damaged components of a will allow the creation of a national Quarterly and other reports are submand within other agencies and units existing programs. The MCSAP Leam grant is an enhance 	relates to, or differs from, existing of government. State how the process of comment of the activities. Other reports of comment of the activities of comment of the activities of comment of the State Patrol's comment of the State Patrol's comment of data from commencial vehicle of the process of the comment of the State Patrol's comment of the State Patrol comment of the State Patrol comment of the State Patrol comment of	ent of the goals and objectives. Also, plans, etc.) which will result from the the proper method of performing inspect and related documents. This data collect commercial motor vehicle crashes. Its may be produced when requested. If state programs, both within your agency posed program will be coordinated with mercial vehicle enforcement effort.
 Summarize the purpose of the propospecify the activities which will take program. The goal of the MCSAP on crash damaged components of a will allow the creation of a national of Quarterly and other reports are submand within other agencies and units existing programs. The MCSAP Leam grant is an enhander properly trained inspectors will gather where to focus its resources in the example of the state match required for Indicate the state match required for 	sed grant, including a brief statem place and any products (reports, particle). TEAM grant is to train officers on commercial vehicle and the driver data base of causation factors of contred on the activities. Other reported the state from a commercial vehicle of government. State how the processor of the state form the state from commercial vehicle of the state from the state f	ent of the goals and objectives. Also, plans, etc.) which will result from the the proper method of performing inspect and related documents. This data collect commercial motor vehicle crashes. Its may be produced when requested. If state programs, both within your agency posed program will be coordinated with mercial vehicle enforcement effort.

Ren	oinder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.
5.	a. Does the grant contain a maintenance of effort requirement? X No Yes. If yes, please provide the year and the amount \$
	b. What short and long term commitments is the state making by acceptance of this grant? Commitment to fulfil the obligations of the MCSAP TEAM III grant proposal.
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 rate13.98 %
	c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are indirect costs part of any match? Yes _X_ No
8.	How many positions are needed to carry out this program? New2-4_ 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? X_Yes No
	b. Is continuation of positions a condition of receiving the federal grant? X Yes _ No
12.	,
	b. If yes, has provision been made to provide the necessary funding? X Yes _ No
13.	Legal authority to apply for and accept grant. MN MS 4.07 Subd. 1 and 2
14.	Will the program involve a change in existing rules? Yes _X_ No
15.	Will the program require new rules? Yes _X_ No
	Dulla Den 3/12/99
-	Accounting Coordinator's Signature Date
	JUPN 3/19/97
	Executive Budget Officer's Signature Dete

FI-00211-04 (6-96)



Policy Note

Notice of Application for Federal Grant Assistance

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

Title of Motor C	Carrier Safety Assistance Pro-	e of Grant: lew Continuation Other (if other, please explain):
This request is in the following state: X_ Pre-Application _ Application _ Negotiation _ Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? — No Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 10-01-97 End Date: 09-30-98 Funding Amount: \$100,000.00 FTE: 0
tance. Discretion may be in the adm. The grant must comply with the provided of the proposed of the proposed of the proposed of the activities which will take program. The goal of the MCSAP vehicles of the dangers surrounding the proposed of the dangers of the dangers.	ninistration/staffing or program selevisions set forth in the MCSAP Pused grant, including a brief statem place and any products (reports, public Education grant is to education motor vehicles and the	ent of the goals and objectives. Also, plans, etc.) which will result from the ate as many drivers of passenger motor
existing programs. The MCSAP Public education grant i	of government. State how the proise an enhancement of the State Pa	state programs, both within your agence posed program will be coordinated with atrol's commercial vehicle enforcement ow to drive around commercial motor
 Indicate the state match required for and what percentage is soft (in-kind) additional year. 	each other year of the grant, also . If the grant runs longer than thre	indicate what percentage is hard (cash) se years, include information for each
2nd year \$ P	Percentage of total grant:20_% Percentage of total grant:% Percentage of total grant:% Percentage of total grant:%	, Hard % Soft 100% Hard % Soft % Hard % Soft %

FI-00211-04 (6-96)

OVER

EU 100 . I

Ren	oinder: If filling this out electronically, make sure y	ou are in "typeover" mode and not "insert" mode.
5.	a. Does the grant contain a maintenance of effort	ort requirement? <u>X</u> No Yes. If yes, please provide the
	b. What short and long term commitments is the Commitment to fulfil the obligations of the MC	e state making by acceptance of this grant? CSAP Public Education grant proposal.
6.	Are indirect costs included in the proposal? _X_Yea. If indirect costs are not included in the propo	
	b. If indirect costs are included in the proposal,	indicate the indirect cost rate. 13.98 _ %
	c. If rate charged is different than agency's app Operations specific exemption.	roved rate, indicate reason. Please attach a copy of Budg
1.	Are indirect costs part of any match? _X_ Yes	No .
8.	How many positions are needed to carry out this p	program? New 2-3_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 position	ns when federal funds are discontinued? Yes 🔀 No
	b. Is continuation of positions a condition of rec	elving the federal grant? Yes 🔀 No
12.	a. Will the state be asked to pay for unemploym X.Yos No	ent compensation if individuals are laid off?
	b. If yes, has provision been made to provide th	e necessary funding? X Yes _ No
13.	Legal authority to apply for and accept grant. MN MS 4.07 Subd. 1 and 2	
14	Will the program involve a change in existing rules	2 Vee Y No
	Will the program require new rules?Yes _X_N	
	will the program require new roles: res re	· .
	Delbre Cun	3(17/42
	Accounting Coordinator's Signature	Date
	MPH.	3/19/97
	Executive Budget Officer's Signature	Date

FI-00211-04 (6-96)

EETO ... COH 7TO . YO !

110L DI201 10C #100



Policy Note

Notice of Application for Federal Grant Assistance

	Department Name: Public Safety		Type of Grant:		
Title of Project/Proposal: Accident		ent Records Imaging System		New X_ Continuation	
·				Other (if other, please explain):	
Federal Catalog Number: 97-13-					
This request is in the following state:		Has the Legislature approved		he This award/proposal:	
	Pre-Application	expenditure of these funds by review in the biennial budget cess? X No Yes		1	
	Application	Cess? A NO res			
	Negotiation	If yes, state the page and cur budget volume for reference.		Funding Amount: \$312,000	
Х	Awarded			FTE: 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.					
	Total Discretion				
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 optically scan accidnt reports to streamline the process. To make the reports more accessable to all users: Accident Records, Motor Vehicle Records, Traffic Safety, MNDot, police departments, State Patrol and local units of governments to name a few.				
3.	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 current process is very labor intensive. Many steps are needed to compile ans accidnet report. An optically scanned accident report would be compiled in just a few steps. Also, a report will be made available almost immediately, where as it takes many weeks to be albe to locate a report now. Many users will be able to view an optically scanned document at the same time, now, only one person at a time can look at the report.				
4.				cate what percentage is hard (cash) and include information for each additional	
	1st year \$ 2nd year \$ 3rd year \$ Check here if no match is r	Percentage of total grant:% Percentage of total grant:% Percentage of total grant:% equired. XX	•	Hard% Soft% Hard% Soft% Hard% Soft%	
-					

Ren	<u>ninde</u>	r: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.
5.	a.	Does the grant contain a maintenance of effort requirement? X No Yes. If yes, please provide the base year and the amount \$
	b.	What short and long term commitments is the state making by acceptance of this grant? N/A
6.	Are a.	indirect costs included in the proposal?Yes _X_No. If indirect costs are not included in the proposal, indicate reason. No personnel costs will be incurred.
	b.	If indirect costs are included in the proposal, indicate the indirect cost rate %
	C.	If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7.	Are	indirect costs part of any match?Yes X_No
8.	How	many positions are needed to carry out this program?0 New Existing
9.	Will	the award supply funding of present positions? Partial Full _X_ None
10.	Will	new positions be funded entirely by the grant award?Yes _XX No
11.	a.	Will the state be asked to pick up the positions when federal funds are discontinued? _ Yes N/A No
	b.	Is continuation of positions a condition of receiving the federal grant?Yes_N/ANo
12.	a.	Will the state be asked to pay for unemployment compensation if individuals are laid off? _Yes XX_No
	b.	If yes, has provision been made to provide the necessary funding?YesNo
13.	Lega	al authority to apply for and accept grant.
	of Tr	nesota Statutes, section 4.075, authorizes the Governor to contract with the U.S. Department ransportation to accomplish the purposes of the Nat'l Highway Safety Act of 1966 and any amendments etc. The authority to manage this contract was delegated to the Commissioner of Publi Safety the Division of Traffic Safety.
14.	Will	the program involve a change in existing rules?Yes X_No
15.	Will th	e program require new rules?Yes XX No
		3/17/97
		Accounting Coordinator's Signature Date 3 9 97
FI-002	211-04	Executive Budget Officer's Signature 4 (6-96)