



**State of Minnesota
Department of Finance**

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

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

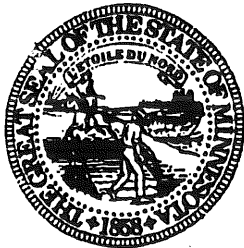
Organization: MN DHS

Date: 1/24/97

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

<u>COST ELEMENT</u>	<u>Year 1</u>			<u>Year 2</u>		<u>Total</u>	
DIRECT LABOR							
Labor Category	Rate^a	Hours	Amount	Hours	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 (Beebe)	23.96	102	\$2,487	208	\$5,223	310	\$7,710
Project Specialist (to be hired)	16.82	1566	\$26,949	1566	\$27,485	3654	\$54,434
Contract Specialist (to be hired)	16.82	1044	\$17,865	1044	\$18,399	2088	\$36,264
Research Analyst (to be hired)	17.32	1044	\$18,082	1044	\$18,625	2088	\$36,707
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			<u>\$10,800</u>		<u>\$14,200</u>		<u>\$25,000</u>
Wilder Research Center			<u>\$59,572</u>		<u>\$30,643</u>		<u>\$90,215</u>
TOTAL DIRECT COST:			<u>\$156,449</u>		<u>\$138,534</u>		<u>\$294,983</u>
FRINGE BENEFIT COST: (22.3% of Direct Labor Year)			<u>\$17,970</u>		<u>\$19,585</u>		<u>\$37,555</u>
INDIRECT COST: (\$13,000 per FTE Year 1 X 2.1; \$13,500 Year 2 X 2.2)			<u>\$27,300</u>		<u>\$29,700</u>		<u>\$57,000</u>
GRAND TOTAL OF ESTIMATED COST			<u>\$201,719</u>		<u>\$187,819</u>		<u>\$389,538</u>

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



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Policy Note

Notice of Application for Federal Grant Assistance

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

Department Name: Health		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation This is the first time MDH has been the lead agency. <input type="checkbox"/> Other (if other, please explain):	
Title of Project/Proposal: Lead-Based Paint Hazard Control			
Federal Catalog Number: 14-900			

This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input checked="" type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 3/97 End Date: 9/30/99 Funding Amount: \$ 1,475,389 FTE: 3.85 state
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

Discretion was allowed in the areas served. Much of the funding will be passed through to St. Paul and Duluth. (Minneapolis obtained a separate grant.)

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

The objectives are to protect public health by reducing the lead exposure of children by providing lead-related health education, cleaning residential lead sources, and subsidizing lead hazard reduction by owner-occupants and by landlords.

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.

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	\$ 32,000	Percentage of total grant:	2.2%	Hard	30%	Soft	70%
2nd year	\$ 37,072	Percentage of total grant:	2.5%	Hard	26%	Soft	74%
3rd year	\$ 37,072	Percentage of total grant:	2.5%	Hard	26%	Soft	74%

Check here if no match is required. _____

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

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

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

The state commits to using the funds according to the application and to monitor the performance of St. Paul and Duluth under this grant. There are no long term commitments.

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

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

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 16.5 %

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

The new indirect rate of 17.6% was approved after the application was sent to HUD. A revision will be needed.

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

8. How many positions are needed to carry out this program? 2 New 1.85 Existing

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

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

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

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

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

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

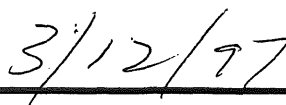
13. Legal authority to apply for and accept grant. Minnesota Statutes, section 144.09

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

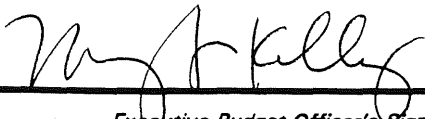
15. Will the program require new rules? ☐ Yes ☒ No



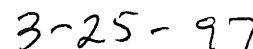
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date

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

Salary & Fringe	\$ 22,680
Travel	\$ 0
Equipment	\$ 0
Supplies	\$ 12,779
Contractual	\$ 68,217*
Other	\$ 0
Indirect	<u>\$ 18,247</u>
Total	\$121,923

7/1/97 - 6/30/98

Salary & Fringe	\$ 90,719
Travel	\$ 3,750
Equipment	\$ 3,500
Supplies	\$ 51,116
Contractual	\$264,795*
Other	\$ 10,500
Indirect	<u>\$ 74,691</u>
Total	\$499,071

7/1/98 - 6/30/99

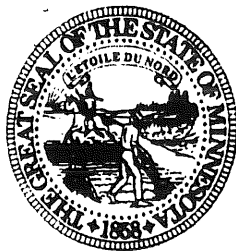
Salary & Fringe	\$ 90,719
Travel	\$ 3,750
Equipment	\$ 0
Supplies	\$ 51,116
Contractual	\$266,094*
Other	\$ 10,500
Indirect	<u>\$ 74,304</u>
Total	\$496,483

7/1/99 - 3/30/2000

Salary & Fringe	\$ 68,040
Travel	\$ 729
Equipment	\$ 0
Supplies	\$ 38,336
Contractual	\$197,242*
Other	\$ 0
Indirect	<u>\$ 53,565</u>
Total	\$357,912

total direct	\$1,254,582
total indirect	<u>\$ 220,807</u>
total grant	\$1,475,389

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



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Department Name: MN Pollution Control Agency		Type of Grant:															
Title of Project/Proposal: Feedlot Greenhouse Gas Mitigation	Federal Catalog Number: 66.606	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):															
This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 9-1-97 End Date: 8-31-99 Funding Amount: \$75,000 Total \$28,000 FY98 \$37,000 FY99 \$10,000 FY00 FTE: one															
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. This 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.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The purpose of 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.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The 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.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$20,000</td><td>Percentage of total grant: <u>17</u> %</td><td>Hard <u>100</u> %</td><td>Soft <u> </u> %</td></tr><tr><td>2nd year</td><td>\$18,491</td><td>Percentage of total grant: <u>16</u> %</td><td>Hard <u>100</u> %</td><td>Soft <u> </u> %</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant: <u> </u> %</td><td>Hard <u> </u> %</td><td>Soft <u> </u> %</td></tr></table> <p>Check here if no match is required. <u> </u></p>			1st year	\$20,000	Percentage of total grant: <u>17</u> %	Hard <u>100</u> %	Soft <u> </u> %	2nd year	\$18,491	Percentage of total grant: <u>16</u> %	Hard <u>100</u> %	Soft <u> </u> %	3rd year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %
1st year	\$20,000	Percentage of total grant: <u>17</u> %	Hard <u>100</u> %	Soft <u> </u> %													
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3rd year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %													

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

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

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 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 ☐ No
8. How many positions are needed to carry out this program? ☐ New ☐ 1 ☐ Existing
9. Will the award supply funding of present positions? ☐ Partial ☒ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No n/a
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
MS 116.03
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Peggy A. Cadelmann

Accounting Coordinator's Signature

March 21, 1997

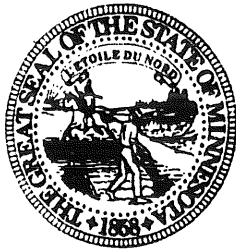
Date

Douglas A. Walden

Executive Budget Officer's Signature

3/25/97

Date



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

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Department Name: Minnesota Pollution Control Agency		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):															
Title of Project/Proposal: Air Toxic Inventory - Great Lakes Commission																	
Federal Catalog Number: 66.501																	
This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input checked="" type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 4-1-97 End Date: 9-30-97 Funding Amount: \$73,000 Total \$37,000 FY97 \$36,000 FY98 FTE: One															
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. The grant is available specifically for the development of the Minnesota portion of the Great Lakes regional air toxics emission inventory. We have discretion to determine if we use existing staff, new staff or a contractor for the project. This is a continuation of a grant that began in February 1995.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The grant allows Minnesota to participate in the Great Lakes Inventory and provide annual estimates for 49 pollutants of concern to the Great Lakes. MPCA staff will provide 1995 emission estimates to the Great Lakes Commission, participate in the development of a mobile source module, and prepare a mobile source emission inventory. The products of the program are a Summary Report of the 1995 Minnesota air toxics emission inventory for point and area sources and a Summary Report of a pilot mobile source emission inventory for selected counties in Minnesota.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The eight Great Lakes states (IL, IN, MI, MN, NY, OH, PA, and WI) and the Province of Ontario, working together through the Great Lakes Commission, are creating a Great Lakes Regional Air Toxics Emission Inventory for calendar year 1993. After the completion of this work, the regional emission inventory will be updated every year from a base year of 1995. The mobile source module will be used for expanding the regional inventory to include emissions from mobile sources. Minnesota's air toxics inventory uses data from the MPCA criteria pollutant inventory. Toxic Release Inventory data is used as a quality check for select pollutants.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$3,650</td><td>Percentage of total grant: <u>5</u> %</td><td>Hard <u>100</u> %</td><td>Soft <u> </u> %</td></tr><tr><td>2nd year</td><td>\$</td><td>Percentage of total grant: <u> </u> %</td><td>Hard <u> </u> %</td><td>Soft <u> </u> %</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant: <u> </u> %</td><td>Hard <u> </u> %</td><td>Soft <u> </u> %</td></tr></table> <p>Check here if no match is required. <u> </u></p>			1st year	\$3,650	Percentage of total grant: <u>5</u> %	Hard <u>100</u> %	Soft <u> </u> %	2nd year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %	3rd year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %
1st year	\$3,650	Percentage of total grant: <u>5</u> %	Hard <u>100</u> %	Soft <u> </u> %													
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3rd year	\$	Percentage of total grant: <u> </u> %	Hard <u> </u> %	Soft <u> </u> %													

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
b. What short and long term commitments is the state making by acceptance of this grant?
None
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If indirect costs are not included in the proposal, indicate reason.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 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 ☐ No
8. How many positions are needed to carry out this program? _____ New 1 Existing
9. Will the award supply funding of present positions? ☐ Partial ☒ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No n/a
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S.116.03
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Peggy A. Edelmann

Accounting Coordinator's Signature

March 21, 1997

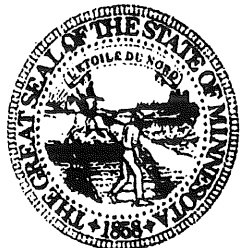
Date

Douglas A. Watson

Executive Budget Officer's Signature

3/25/97

Date



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Department Name: Pollution Control Agency		Type of Grant:
Title of Project/Proposal: One Stop Reporting Program		<input checked="" type="checkbox"/> New
Federal Catalog Number: To be assigned later		<input type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):

This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 5/1/97 End Date: 4/30/2000 Funding Amount: \$ 500,000 FY 97 - 10,000 FY 98 - 370,000 and FTE: 2 to 4 FY 99 - 120,000 See answer to question 2 below.
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
Great latitude was allowed as long as these three objectives were met: 1) reduced reporting burden on industry, 2) foster a geographic approach to environmental analysis, and 3) provide public access to information.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
The purpose is given in question 1 above. The specific budget, staffing, activities, and products are to be negotiated during the first 120 days of the grant.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.
This grant 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:___%	Hard ___%	Soft ___%
2nd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%
3rd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%

Check here if no match is required. ☒

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
b. What short and long term commitments is the state making by acceptance of this grant?
The MPCA will be doing what the grant requires whether the grant is awarded or not.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If indirect costs are not included in the proposal, indicate reason.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 34.16 %

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 ☒ 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 ☒ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☒ Yes ☐ No
Potentially, 2 of the 2 to 4 could continue.
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 116.03 Subd. 3
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Peggy A. Edelmann

Accounting Coordinator's Signature

March 21, 1997

Date

David S. Schuman

Executive Budget Officer's Signature

3/25/97

Date



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

Policy Note

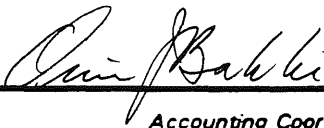
Notice of Application for
Federal Grant Assistance

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

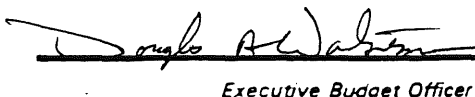
Department Name: Agriculture		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																									
Title of Project/Proposal: Cooperative Pesticide Recordkeeping Program/USDA																											
Federal Catalog Number: 10:163																											
This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: October 1, 1996 End Date: September 30, 1997 Funding Amount: \$ 66,889.00 FTE: Part of three (3) existing positions.																									
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. MDA was given latitude in the preparation of this grant application. Program work was developed within the general framework of the federal program.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. 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.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. This program 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.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$ 4,000</td><td>Percentage of total grant:</td><td><u>5</u> %</td><td>Hard</td><td><u> </u> %</td><td>Soft</td><td><u>100</u> %</td></tr><tr><td>2nd year</td><td>\$</td><td>Percentage of total grant:</td><td><u> </u> %</td><td>Hard</td><td><u> </u> %</td><td>Soft</td><td><u> </u> %</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant:</td><td><u> </u> %</td><td>Hard</td><td><u> </u> %</td><td>Soft</td><td><u> </u> %</td></tr></table> <p>Check here if no match is required. <u> </u></p>				1st year	\$ 4,000	Percentage of total grant:	<u>5</u> %	Hard	<u> </u> %	Soft	<u>100</u> %	2nd year	\$	Percentage of total grant:	<u> </u> %	Hard	<u> </u> %	Soft	<u> </u> %	3rd year	\$	Percentage of total grant:	<u> </u> %	Hard	<u> </u> %	Soft	<u> </u> %
1st year	\$ 4,000	Percentage of total grant:	<u>5</u> %	Hard	<u> </u> %	Soft	<u>100</u> %																				
2nd year	\$	Percentage of total grant:	<u> </u> %	Hard	<u> </u> %	Soft	<u> </u> %																				
3rd year	\$	Percentage of total grant:	<u> </u> %	Hard	<u> </u> %	Soft	<u> </u> %																				

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 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. Are indirect costs part of any match? ☐ Yes ☒ No 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? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 18B.17, Subd. 1
M.S. 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

2/25/97
Date


Executive Budget Officer's Signature

2/26/97
Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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

Department Name: Agriculture		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):	
Title of Project/Proposal: Wellhead/Source Water Protection			
Federal Catalog Number:			

This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: July 1, 1997 End Date: June 30, 1998 Funding Amount: \$ 51,000.00 FTE: One (1)
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
Minnesota Department of Health assisted in the request with discussions of the project with MPCA and MDA. MDH is the lead state agency for drinking water protection and requests MDA assistance in the area of agricultural chemicals?

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 protect Minnesota's drinking water from potential agricultural chemical contamination. This includes review of community plans, development and distribution of educational materials, and exchanging data between agencies.

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.
It fits very well with current MDA programs including the nitrogen and pesticide management plans, education and certification and incident response.

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

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

Check here if no match is required. ☒

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

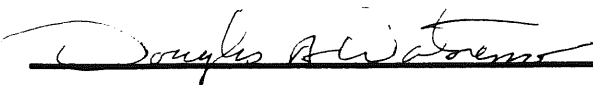
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 21.27%
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? One (1) New ☐ Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 18B.17, Subd.1
M.S. 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

2/25/97

Date



Executive Budget Officer's Signature

2/26/97

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Agriculture		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):	
Title of Project/Proposal: Collection of Waste Pesticides in Lake Superior Basin			
Federal Catalog Number:			

This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: July, 1997 End Date: June, 1999 Funding Amount: \$104,636.00 FTE: -0-
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
MDA was given discretion in preparation of this grant application. This included program outlines and commitments.

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.
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.

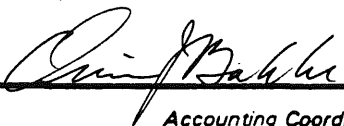
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$	Percentage of total grant:	50 %	Hard	___ %	Soft	100 %
2nd year	\$	Percentage of total grant:	50 %	Hard	___ %	Soft	100 %
3rd year	\$	Percentage of total grant:	___ %	Hard	___ %	Soft	___ %

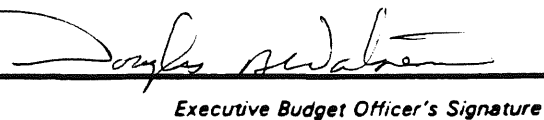
Check here if no match is required. ___

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If indirect costs are not included in the proposal, indicate reason.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 21.27%
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New 3 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 18B.17, Subd. 1
M.S. 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

2/25/97
Date


Executive Budget Officer's Signature

2/27/97
Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Department of Natural Resources		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Natural Resource Conservation Service/Natural Resources Inventory as a collaboration effort.		
Federal Catalog Number: 10.XXX		
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 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 sensing 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 State 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 <u>7</u> %	Soft ___%
2nd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%
3rd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%

Check here if no match is required. X

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

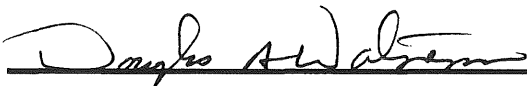
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- By providing the above products.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- No salaries will be 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 ☒ No
8. How many positions are needed to carry out this program? ☐ 0 ☐ New ☐ 0 ☐ Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
- MS 84.085
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

3-18-97

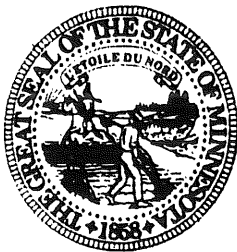
Date



Executive Budget Officer's Signature

3-20-97

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Natural Resources		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):	
Title of Project/Proposal: North American Waterfowl Management Plan / Swan, Heron Lakes 15.6XX			
Federal Catalog Number: Appropriation 607			

This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal:	
		Start Date: 7/1/97	
		End Date: 6/30/99	
		Funding Amount: FY98 \$350,000 FY99 \$350,000	
		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.
Application was largely at our discretion.
- 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.
- 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.
- 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 ____%

Check here if no match is required. ____

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
Long-term management of acquired lands; these will be added to the state wildlife management area system.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If indirect costs are not included in the proposal, indicate reason.

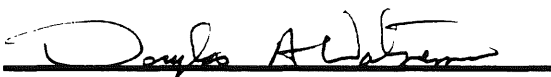
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 32.8 %

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 ☒ No
8. How many positions are needed to carry out this program? _____ New 2 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.

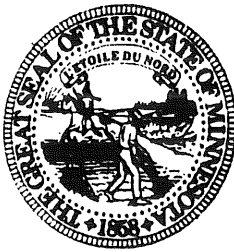
M.S. 84.085
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

3-18-97
Date


Executive Budget Officer's Signature

3-20-97
Date



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

Policy Note

Notice of Application for Federal Grant Assistance

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Department Name: Natural Resources		Type of Grant: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation ___ Other (if other, please explain):
Title of Project/Proposal: North American Waterfowl Management Plan / River sheds		
Federal Catalog Number: 15.6XX		
Appropriation 608		

This request is in the following state: ___ Pre-Application ___ Application ___ Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No ___ Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 7/1/97 End Date: 6/30/99 Funding Amount: FY98 \$250,000 FY99 \$250,000 FTE: INCREASES
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
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.
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.

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: 70%	Hard 100%	Soft ___%
2nd year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%
3rd year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%

Check here if no match is required. ___

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
Long-term management of acquired lands; these will be added to the state wildlife management area system.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
a. If indirect costs are not included in the proposal, indicate reason.
No salaries paid from Federal funds.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 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 ☒ No
8. How many positions are needed to carry out this program? _____ New 2 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.

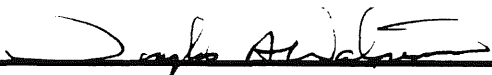
M.S. 84.085
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

3-18-97

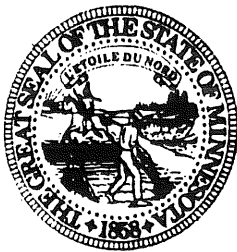
Date



Executive Budget Officer's Signature

3-20-97

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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

Department Name: Natural Resources		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):															
Title of Project/Proposal: Endangered Species - EPA																	
Federal Catalog Number: 66.505 Appropriation 610																	
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 7/1/97 End Date: 6/30/99 Funding Amount: FY98 \$150,000 FY99 \$150,000 FTE: INCREASES															
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. The study areas, study design and staffing are left to the discretion of MN DNR.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. 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.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The Natural Heritage and Nongame research programs of the MN DNR has sole responsibility in the state for research and surveys relating to endangered and candidate animals and plants. The proposed work is an enhancement of ongoing inventory and monitoring work. The info collected will improve our understanding of the status of these species in MN and our ability to participate in their recovery.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>2nd year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr></table> <p>Check here if no match is required. <input checked="" type="checkbox"/></p>			1st year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%	2nd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%	3rd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%
1st year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%													
2nd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%													
3rd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%													

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant? Deliver reports to US EPA by project end date.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If indirect costs are not included in the proposal, indicate reason.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 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 ☒ No
8. How many positions are needed to carry out this program? _____ New 1 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off? ☒ Yes ☐ No
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.

M.S. 84.085
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

W. Foster Gray

Accounting Coordinator's Signature

3-18-97

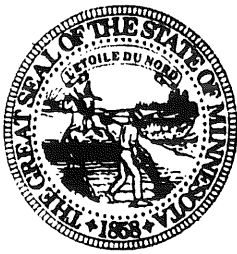
Date

Douglas A. Warren

Executive Budget Officer's Signature

3-20-97

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Natural Resources		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Restoration of Coastal Wetlands - Sugarloaf Cove		
Federal Catalog Number: 66.505		
Appropriation 615		

This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 7/1/97 End Date: 6/30/99 Funding Amount: FY98 \$140,000 FY99 \$160,000 FTE: INCREASES
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
This project will be according to work plan developed by MN DNR and approved by US EPA.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
Develop long-range site plan for habitat protection, restoration and interpretation. Restore the hydrology to the coastal wetland, remove structures from past development, close and remove roads to limit access to foot-traffic only and restore plant communities to pre-settlement land cover.
- 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 conjunction with other projects developed by the Lake Superior Habitat Coordinator. This is a site identified by the Habitat Committee of the Lake Superior Binational Program as an area of important habitat, and has been identified by The Nature Conservancy as a highly significant eco system. Legislative Commission on MN Resources has made a \$70,000 grant in 95-97 for site inventory, restoration and interpretation, and there is a Sugarloaf Interpretive Center Assoc.
- 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: <u>5</u> %	Hard <input type="checkbox"/> %	Soft <u>100</u> %
2nd year	\$	Percentage of total grant: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %
3rd year	\$	Percentage of total grant: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %

Check here if no match is required. ☐

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

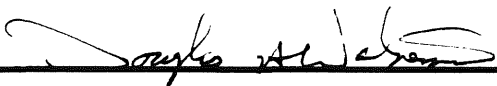
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
Project completion per work plan.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
a. If indirect costs are not included in the proposal, indicate reason.
No salaries paid from Federal funds.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New ☐ 1 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 84.085
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

3-18-97

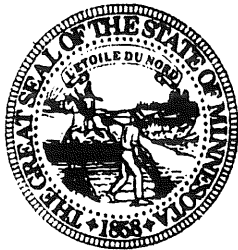
Date



Executive Budget Officer's Signature

3-20-97

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Natural Resources		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																
Title of Project/Proposal: Wildlife Harvest Information USFWS																		
Federal Catalog Number: 15.611 Appropriation 620																		
This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 7/1/97 End Date: 6/30/99 Funding Amount: FY98 \$34,000 INCREASE FTE:																
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. USFWS specifies outputs - names and addresses of state-licensed migratory bird hunters. MN DNR has Discretion on how to generate data from licensing. USFWS contributes start-up funds.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. Generate improved (accuracy and precision) annual estimates of hunter harvest of migratory game birds by Providing names and addresses of hunters and information on their hunting last year.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. 48 other states will be doing the same thing to provide high-quality national and state harvest estimates. State harvest estimates are often not consistent with each other.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft___%</td></tr><tr><td>2nd year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr></table> <p>Check here if no match is required. <input checked="" type="checkbox"/></p>				1st year	\$	Percentage of total grant:___%	Hard ___%	Soft___%	2nd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%	3rd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%
1st year	\$	Percentage of total grant:___%	Hard ___%	Soft___%														
2nd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%														
3rd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%														

PLEASE INCREASE FY98 APPROPRIATION
OVER BUDGET TO \$70,000

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
Project reporting to USFWS
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
a. If indirect costs are not included in the proposal, indicate reason.
No salaries paid from Federal Funds.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New 3 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 84.085
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

W. Ruckelshaus
Accounting Coordinator's Signature

3-18-97

Date

Donna Anderson
Executive Budget Officer's Signature

3-20-97

Date



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: Board of Water and Soil Resources
Title of Project/Proposal: "Grass Lake Prairie Wetland" North American Wetlands Conservation Act (NAWCA)
Federal Catalog Number:

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

This request is in the following state:

Pre-application Application XX Negotiation Awarded

Has the Legislature approved the expenditure of these funds by review in the biennial budget process.
 Yes XXNo If yes, state the page and current budget volume for reference.


This award/proposal: Start Date: January, 1998 End Date: January, 2000
Funding Amount: \$ 750,000 Positions: 0
(FY98 \$375,000 FY99 \$375,000)

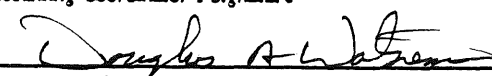
- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
BWSR had full latitude in submitting requests for funding from the North American Wetlands Conservation Council (NAWCC)
- 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.
- 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 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.

1st year \$ <u>277,833</u>	Percentage of total grant <u>37</u> %	Hard <u> </u> %	Soft <u>100</u> %
2nd year \$ <u>277,833</u>	Percentage of total grant <u>37</u> %	Hard <u> </u> %	Soft <u>100</u> %
3rd year \$ <u> </u>	Percentage of total grant <u> </u> %	Hard <u> </u> %	Soft <u> </u> %

Check here if no match is required .

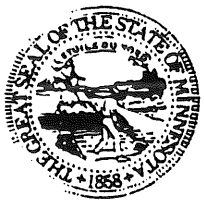
5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No
If yes, what is the base year _____ and amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The required match of \$555,666 will be composed of already acquired conservation easements in the project area.
6. Are indirect costs included in the proposal? ☐ Yes ☒ 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 ☒ No
8. How many positions are needed to carry out this program? _____ New .5 FTE Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?
☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature


Executive Budget Officer's Signature

3/17/97
Date

3/20/97
Date



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

POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: Board of Water and Soil Resources
Title of Project/Proposal: "Northern Tallgrass Prairie Restoration" North American Wetland
Federal Catalog Number: Conservation Act (NAWCA)

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

This request is in the following state:

Pre-application Application Negotiation XX Awarded

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

This award/proposal: Start Date: 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 latitude 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.

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.

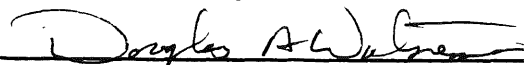
4. Indicate the state match required for each year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than 3 years, include information for each additional year.
FY-98 \$100,000
FY-99 \$75,000
1st year \$ 175,000 Percentage of total grant 100 % Hard % Soft 100 %
2nd year \$ Percentage of total grant % Hard % Soft %
3rd year \$ Percentage of total grant % Hard % Soft %

Check here if no match is required .

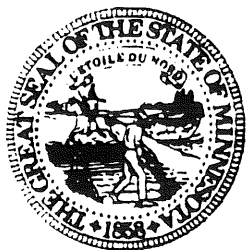
5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No
If yes, what is the base year _____ and amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
The required match of \$175,000 which will be composed of already acquired and restore conservation easements in the project area.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No
- a. If indirect costs are not included in the proposal, indicate reason.
Indirect costs are 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 ☒ No
8. How many positions are needed to carry out this program? _____ New .5 FTE Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?
☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

3/17/97
Date


Executive Budget Officer's Signature

3/20/97
Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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Department Name: Public Service		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: NICE3: Methane de-NOX Technology		
Federal Catalog Number: 81.105 DOE Conservation and Development		

This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 10/1/97 End Date: 3/30/99 Funding Amount: FY 98 \$150,000 FTE: FY 99 \$250,000 \$400,000
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
Application was prepared by sub-receipient, the Institute of Gas Technology, according to strict proposal criteria. Department made minor adjustment to proposal, and will act as a pass through entity if proposal is selected.

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 NICE3 program looks for new industrial process technologies that use less energy and create less pollution. The specific technology in this proposal is a methane reburn technology to be used in the paper industry. It will allow production to utilize more waste wood for energy and increase the efficiency of the production process. Results of the new process will be distributed by the U.S. DOE.

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 NICE3 program of the federal government is similar to the pollution prevention grants made by our Office of Environmental Assistance (OEA). Both DPS and OEA have applied for and received this type of grant in the past. We are in contact with each other about all of the NICE3 projects 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.

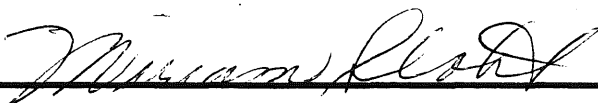
1st year \$	Percentage of total grant:___%	Hard ___%	Soft ___%
2nd year \$	Percentage of total grant:___%	Hard ___%	Soft ___%
3rd year \$	Percentage of total grant:___%	Hard ___%	Soft ___%

Check here if no match is required. ☒ No state match is required. All required match

is provided by the industrial partners.
OVER

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

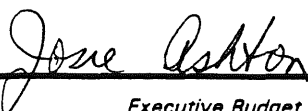
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long term commitments is the state making by acceptance of this grant? Only commitment is fund administration over 18 month grant period. The cost of this administration is borne by the State Energy Program.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
This is a ~~pass~~ through grant 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.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☐ No
8. How many positions are needed to carry out this program? 0 New 0 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
MS216C.02 gives the Commissioner of Public Service ^{the power} to apply for, receive, and distribute federal grant funds for purposes of energy efficiency and renewable energy use.
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

2-24-97

Date



Executive Budget Officer's Signature

2-26-97

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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

Department Name: MN Department of Revenue		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																
Title of Project/Proposal: IRS/Minnesota Department of Revenue Diesel Fuel Inspection Agreement																		
Federal Catalog Number: TCP 001 (01)																		
This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 7/1/97 End Date: 6/30/98 Funding Amount: \$21,840 FTE: 0																
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>Program was formulated by Internal Revenue Service and Federal Highway Administration.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>This grant is to assist the IRS in administering the dyed fuel program. These monies will be used to offset travel and equipment costs.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>The dyed diesel fuel program is an extension of activities to curb motor fuel tax evasion.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>2nd year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr></table> <p>Check here if no match is required. <input checked="" type="checkbox"/></p>				1st year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%	2nd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%	3rd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%
1st year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%														
2nd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%														
3rd year	\$	Percentage of total grant:___%	Hard ___%	Soft ___%														

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
b. What short and long term commitments is the state making by acceptance of this grant?
No short or long term commitments are being made.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
a. If indirect costs are not included in the proposal, indicate reason.
Amount is not sufficient to warrant indirect cost plan.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New _____ Existing (None from this grant)
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
Minnesota Statutes, Chapter 4, Section 7
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Whitaker G. Sivil D.C.

Accounting Coordinator's Signature

3/17/97

Date

[Signature]

Executive Budget Officer's Signature

3/17/97

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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

Department Name: MN Department of Revenue		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):	
Title of Project/Proposal: Joint Federal/State Motor Fuel Tax Compliance Project			
Federal Catalog Number: TCP 001 (05)			

This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 7/1/97 End Date: 6/30/98 Funding Amount: \$50,000 FTE:
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

We have complete discretion in administration of this grant. The amount of \$50,000 is set by the Federal Highway Administration.

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

To be used to combat motor fuel tax evasion. May be used to pay salaries and travel expenses for evasion related activities. Scope of activities must be beyond normal activities.

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

This is the 5th and final year of a grant to be used for motor fuel tax evasion purposes.

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

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

Check here if no match is required. ☒

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
No short or long term commitments are being made.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
a. If indirect costs are not included in the proposal, indicate reason.
Amount is not sufficient to warrant indirect cost plan.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New ☒ Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
Minnesota Statutes, Chapter 4, Section 7
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

 D.C.

Accounting Coordinator's Signature

3/17/97

Date



Executive Budget Officer's Signature

3/17/97

Date



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

Policy Note
Notice of Application for
Federal Grant Assistance

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Department Name: Department of Public Safety		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (If Other, please explain):
Title of Project/Proposal: State Hazard Mitigation Program (SHMP)		
Federal Catalog Number: Number not assigned		
This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: 02-12-97 Start Date: 10-01-96 End Date: 09-30-97 53,570 Funding Amount: \$62,487 FTE: 1


1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. 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.
4. Indicate the state match required for each year of the grant; also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year \$ 0	Percentage of total grant _____%	Hard _____%	Soft _____%
2nd year \$ _____	Percentage of total grant _____%	Hard _____%	Soft _____%
3rd year \$ _____	Percentage of total grant _____%	Hard _____%	Soft _____%

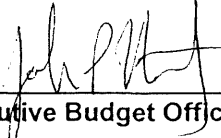
Check here if no match is required ☒ X

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ 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 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 cost rate 9.16 %
- 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? ☐ Yes ☒ X No
8. How many positions are needed to carry out this program? ☐ New 1 Existing
9. Will the award supply funding of present positions? ☐ Partial 100% 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? ☐ Yes ☒ X No
Agency will absorb.
13. Legal 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? ☐ Yes ☒ X No
15. Will the program require new rules? ☐ Yes ☒ X No


Accounting Coordinator's Signature

3/17/97
Date


Executive Budget Officer's Signature

3/17/97
Date



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

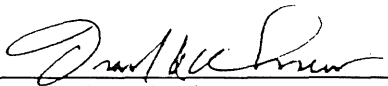
Policy Note
Notice of Application for
Federal Grant Assistance

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Department Name: Department of Public Safety		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (If Other, please explain):																									
Title of Project/Proposal: Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA) Federal Catalog Number: 83.012																											
This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: February 3, 1997 End Date: September 30, 1997 Funding Amount: \$4,145.00 FTE: 0																									
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. 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.</p> <p>2. Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. 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.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The State has never before received funding to support its participation in the Regional Response Team; therefore participation has been limited. The Minnesota Pollution Control Agency has been funding this activity using some of its State general fund money. This program, though different, must work closely with other FEMA-funded and non-FEMA-funded emergency management programs.</p> <p>4. Indicate the state match required for each year of the grant; also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$ 0</td><td>Percentage of total grant</td><td>0 %</td><td>Hard</td><td>_____ %</td><td>Soft</td><td>_____ %</td></tr><tr><td>2nd year</td><td>\$ _____</td><td>Percentage of total grant</td><td>_____ %</td><td>Hard</td><td>_____ %</td><td>Soft</td><td>_____ %</td></tr><tr><td>3rd year</td><td>\$ _____</td><td>Percentage of total grant</td><td>_____ %</td><td>Hard</td><td>_____ %</td><td>Soft</td><td>_____ %</td></tr></table> <p>Check here if no match is required <input checked="" type="checkbox"/> X</p>				1st year	\$ 0	Percentage of total grant	0 %	Hard	_____ %	Soft	_____ %	2nd year	\$ _____	Percentage of total grant	_____ %	Hard	_____ %	Soft	_____ %	3rd year	\$ _____	Percentage of total grant	_____ %	Hard	_____ %	Soft	_____ %
1st year	\$ 0	Percentage of total grant	0 %	Hard	_____ %	Soft	_____ %																				
2nd year	\$ _____	Percentage of total grant	_____ %	Hard	_____ %	Soft	_____ %																				
3rd year	\$ _____	Percentage of total grant	_____ %	Hard	_____ %	Soft	_____ %																				

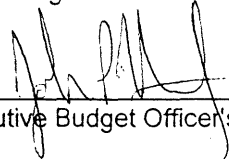
Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and amount \$ _____
- b. What short and long-term commitments is the state making by acceptance of this grant?
None
6. Are indirect costs included in the proposal? ☐ Yes ☒ No
- a. If indirect costs are not included in the proposal, indicate reason.
There are no 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? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? ☒ New ☐ Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☒ Yes ☐ No
- b. Is continuation of positions a condition of receiving the federal grant? ☒ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
Chapter 12.22 of the Minnesota Statutes.
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

3/17/97

Date


Executive Budget Officer's Signature

3/19/97

Date



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

Department Name: Department of Public Safety		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (If Other, please explain):
Title of Project/Proposal: Anti-Terrorism Training and Planning		
Federal Catalog Number: 83.534		

This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: 02-07-97 Start Date: 10-01-96 End Date: 09-30-97 Funding Amount: \$41,113.00 FTE: 0
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
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.
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.
- 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.
- 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 three years, include information for each additional year.

1st year \$ 0	Percentage of total grant 0 %	Hard	0 %	Soft	0 %
2nd year \$	Percentage of total grant	Hard		Soft	
3rd year \$	Percentage of total grant	Hard		Soft	

Check here if no match is required ☒

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

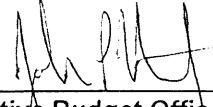
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes
If yes, please provide the base year _____ and amount \$ _____
- b. What short and long-term commitments is the state making by acceptance of this grant?
To fulfill the work activities proposed in the grant application.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No
- a. If indirect costs are not included in the proposal, indicate reason.

No salaries or fringe benefits are being paid with these funds.
- b. If indirect costs are included in the proposal, indicate the 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? ☐ N/A ☐ Yes ☐ No
8. How many positions are needed to carry out this program? ☐ 0 New ☐ 0 Existing
9. Will the award supply funding of present positions? ☐ N/A ☐ 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?
☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ N/A ☐ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☒ No
13. Legal authority to apply for and accept grant.
Chapter 12.22 of the Minnesota Statutes.
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

3/17/97

Date


Executive Budget Officer's Signature

3/19/97

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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

Department Name: Public Safety		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: BCA Forensic Science Lab DNA Grant		
Federal Catalog Number: CY98/FFY97/National Institute of Justice Forensic DNA Program		
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 10/97 End Date: 9/98 Funding Amount: \$200,000.00 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 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.

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

This project will help implement our PCR (Polymerase Chain Reaction)/DNA/STR (Short Tandem Repeats) program.

The federal funds will accelerate the process.

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 enhance the BCA's DNA program approved and funded for the 96-97 biennium.

The implementation of STR's will allow for shorter turn-around 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	\$66,667.00	Percentage of total grant	25 %	Hard	___ %	Soft	100 %
2nd year	\$	Percentage of total grant:	___ %	Hard	___ %	Soft	___ %
3rd year	\$	Percentage of total grant:	___ %	Hard	___ %	Soft	___ %

Check here if no match is required. ___

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

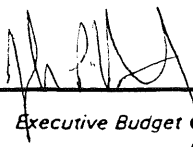
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
a. If indirect costs are not included in the proposal, indicate reason.
Indirect costs are based on salaries. Salaries are not part of 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 ☒ No
8. How many positions are needed to carry out this program? _____ New 2 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No,
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
MS 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

3/17/97

Date



Executive Budget Officer's Signature

3/19/97

Date



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

Policy Note

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Federal Grant Assistance

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Department Name: Public Safety		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: BCA Forensic Science Lab DNA Grant		
Federal Catalog Number: CY99/FFY98/National Institute of Justice Forensic DNA Program		
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 10/98 End Date: 9/99 Funding Amount: \$150,000.00 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.
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 accelerate the process of implementing STR (Short Tandem Repeats)/DNA analysis.
- 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 enhance the BCA's DNA program approved and funded for the 96-97 biennium. The implementation of STR's will allow for shorter turn-around time in DNA analysis.
- 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	\$ 50,000.00	Percentage of total grant: 25 %	Hard <input type="checkbox"/> %	Soft <input checked="" type="checkbox"/> %
2nd year	\$	Percentage of total grant: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %
3rd year	\$	Percentage of total grant: <input type="checkbox"/> %	Hard <input type="checkbox"/> %	Soft <input type="checkbox"/> %

Check here if no match is required. ☐

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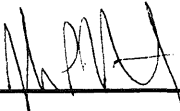
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- Indirect costs are based on salaries. Salaries are not part of 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 ☒ No
8. How many positions are needed to carry out this program? _____ New 2 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

3/17/97

Date



Executive Budget Officer's Signature

3/19/97

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Department Name: Department of Public Safety		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: BCA Forensic Science Laboratory CODIS Improvement Grant		
Federal Catalog Number: CY98/FFY97/FBI, Bureau of Justice Assistance, State Identification System Grant Program		
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference. P.L. 104.208, Justice Appropriations Act, 1997	This award/proposal: Start Date: 10/98 End Date: 9/99 Funding Amount: \$173,000.00 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.
The BCA Forensic Science Laboratory
- 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 be used to convert a portion of Minnesota's sex offender database from the current RFLP (Restriction Fragment Length Polymorphism) to STR's (Short Tandem Repeats). The total conversion will cost in excess of \$1,000,000.00.
- 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 our current DNA sex offender database.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

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

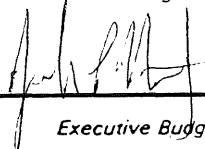
Check here if no match is required. ☒

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
a. If indirect costs are not included in the proposal, indicate reason.
Indirect costs are based on salaries. Salaries are not part of 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 ☒ No
8. How many positions are needed to carry out this program? _____ New 2 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
ms 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

3/17/97
Date


Executive Budget Officer's Signature

3/19/97
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Department of Finance
400 Centennial Building
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St. Paul, Minnesota 55155

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Department Name: Department of Public Safety		Type of Grant:
Title of Project/Proposal: BCA Drugfire/Firearms Grant		<input type="checkbox"/> New
Federal Catalog Number: CY99./FFY98/Federal Bureau of Investigation Drug Fire Grant Program		<input checked="" type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):

This request is in the following state:	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	This award/proposal:
<input checked="" type="checkbox"/> Pre-Application		Start Date: 10/98
<input type="checkbox"/> Application	If yes, state the page and current budget volume for reference.	End Date: 9/99
<input type="checkbox"/> Negotiation		Funding Amount: \$4,000.00
<input type="checkbox"/> Awarded		FTE: 0

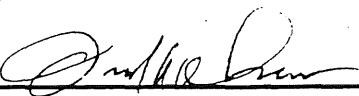
- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The BCA Forensic Science Laboratory had full discretion in the proposal made.
The dollar amount available 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.
- 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 enhance the ability to link firearm related crimes.
- 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. ☒

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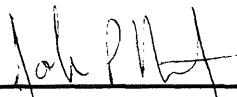
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
a. If indirect costs are not included in the proposal, indicate reason.
Indirect costs are based on salaries. Salaries are not part of 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 ☒ No
8. How many positions are needed to carry out this program? _____ New 2 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
MS 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

3/17/97

Date



Executive Budget Officer's Signature

3/19/97

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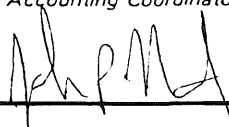
Department Name: Public Safety/ BCA-Training Unit Title of Project/Proposal: V.A.W.A. project: Regional Survey Project on Domestic Abuse Training Federal Catalog Number: 16.588		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: July, 1997 End Date: June, 2000 Funding Amount: \$ 60,000 (3yr. grant proposal/\$20,000 each yr.) FTE:																
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Dept. of Public Safety/BCA-Training Unit has full discretion in the administration, staffing, and program selection area.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The program is designed to assess the understanding & compliance of the Model Domestic Abuse Policy developed by P.O.S.T. and the application of key domestic violence investigative components taught by BCA's domestic violence training program.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. 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.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$ 5,000</td><td>Percentage of total grant: 25 %</td><td>Hard ___ %</td><td>Soft 100 %</td></tr><tr><td>2nd year</td><td>\$ 5,000</td><td>Percentage of total grant: 25 %</td><td>Hard ___ %</td><td>Soft 100 %</td></tr><tr><td>3rd year</td><td>\$ 5,000</td><td>Percentage of total grant: 25 %</td><td>Hard ___ %</td><td>Soft 100 %</td></tr></table> <p>Check here if no match is required. ___</p>				1st year	\$ 5,000	Percentage of total grant: 25 %	Hard ___ %	Soft 100 %	2nd year	\$ 5,000	Percentage of total grant: 25 %	Hard ___ %	Soft 100 %	3rd year	\$ 5,000	Percentage of total grant: 25 %	Hard ___ %	Soft 100 %
1st year	\$ 5,000	Percentage of total grant: 25 %	Hard ___ %	Soft 100 %														
2nd year	\$ 5,000	Percentage of total grant: 25 %	Hard ___ %	Soft 100 %														
3rd year	\$ 5,000	Percentage of total grant: 25 %	Hard ___ %	Soft 100 %														

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
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 indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
Indirect costs are based on salaries. 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 ☒ No
8. How many positions are needed to carry out this program? _____ New 1 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No
No new positions are being asked for in this proposal.
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No
N/A
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☐ No N/A
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

3/12/97
Date


Executive Budget Officer's Signature

3/19/97
Date



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

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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: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																									
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: June, 1997 End Date: June, 1998 Funding Amount: \$ 50,000 FTE:																									
<ol style="list-style-type: none"> Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. 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). If the grant runs longer than three years, include information for each additional year. <table> <tr> <td>1st year</td> <td>\$ 16,666</td> <td>Percentage of total grant</td> <td>25 %</td> <td>Hard</td> <td>___ %</td> <td>Soft</td> <td>100 %</td> </tr> <tr> <td>2nd year</td> <td>\$</td> <td>Percentage of total grant</td> <td>___ %</td> <td>Hard</td> <td>___ %</td> <td>Soft</td> <td>___ %</td> </tr> <tr> <td>3rd year</td> <td>\$</td> <td>Percentage of total grant</td> <td>___ %</td> <td>Hard</td> <td>___ %</td> <td>Soft</td> <td>___ %</td> </tr> </table> Check here if no match is required. ___ 				1st year	\$ 16,666	Percentage of total grant	25 %	Hard	___ %	Soft	100 %	2nd year	\$	Percentage of total grant	___ %	Hard	___ %	Soft	___ %	3rd year	\$	Percentage of total grant	___ %	Hard	___ %	Soft	___ %
1st year	\$ 16,666	Percentage of total grant	25 %	Hard	___ %	Soft	100 %																				
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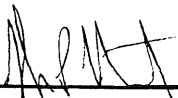
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
Our short term commitment (during the tenure of the grant) is to provide training based on the perimeters outline in the grant. Long term there is no commitment.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
Indirect costs are based on salaries. 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 ☒ No
8. How many positions are needed to carry out this program? _____ New 2 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No
No new positions are being asked for in this grant proposal
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No
N/A
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☐ No N/A
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

3/12/97

Date



Executive Budget Officer's Signature

3/19/97

Date



Public Safety
Fax: 612-262-0360
May 14 97 9:05 P.M.
Department of Finance
400 Centennial Building
658 Cedar Street
St. Paul, Minnesota 55155

Policy Note

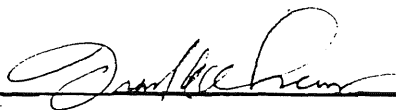
Notice of Application for
Federal Grant Assistance

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

Department Name: Public Safety/BCA-Training Unit		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																
Title of Project/Proposal: V.A.W.A. project: Assessment of Domestic Assault Training Effectiveness Federal Catalog Number: 16.588																		
This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: July 1997 End Date: June, 2000 Funding Amount: \$ 150,000 (3yr. proposal/ \$50,000 per. yr.) FTE: 1-1/2 time student worker																
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>Dept. of Public Safety/BCA-Training Unit has full discretion in the administration, staffing, and program selection area.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The 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.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. This program will evaluate the impact of existing training and that of training programs develop through this proposal. It will help to expand and improve existing domestic assault investigative training for law enforcement.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year</td><td>\$16,666</td><td>Percentage of total grant: 25%</td><td>Hard ___%</td><td>Soft 100%</td></tr><tr><td>2nd year</td><td>\$16,666</td><td>Percentage of total grant: 25%</td><td>Hard ___%</td><td>Soft 100%</td></tr><tr><td>3rd year</td><td>\$16,666</td><td>Percentage of total grant: 25%</td><td>Hard ___%</td><td>Soft 100%</td></tr></table> <p>Check here if no match is required. ___</p>				1st year	\$16,666	Percentage of total grant: 25%	Hard ___%	Soft 100%	2nd year	\$16,666	Percentage of total grant: 25%	Hard ___%	Soft 100%	3rd year	\$16,666	Percentage of total grant: 25%	Hard ___%	Soft 100%
1st year	\$16,666	Percentage of total grant: 25%	Hard ___%	Soft 100%														
2nd year	\$16,666	Percentage of total grant: 25%	Hard ___%	Soft 100%														
3rd year	\$16,666	Percentage of total grant: 25%	Hard ___%	Soft 100%														

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

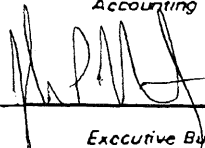
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
Our short term commitment(during the tenure of the grant) is to provide the assessment & training outline in the grant. Long term there is no commitment.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If indirect costs are not included in the proposal, indicate reason.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 13.3 %
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 1 New 2 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

3/17/97

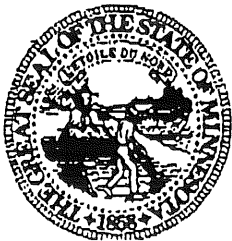
Date



Executive Budget Officer's Signature

3/19/97

Date



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

Policy Note

Notice of Application for
Federal Grant Assistance

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

Department Name: Public Safety, State Patrol Division		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Motor Carrier Safety Assistance Program (MCSAP)- TEAM III Grant		
Federal Catalog Number: 20218		

This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 10-01-97 End Date: 09-30-98 Funding Amount: \$ 195,000.00 FTE: 2
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The grant must comply with the provisions set forth in the MCSAP TEAM III grant proposal.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The goal of the MCSAP TEAM grant is to train officers on the proper method of performing inspection on crash damaged components of a commercial vehicle and the driver and related documents. This data collected will allow the creation of a national data base of causation factors of commercial motor vehicle crashes. Quarterly and other reports are submitted on the activities. Other reports may be produced when requested.
- 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 MCSAP Team grant is an enhancement of the State Patrol's commercial vehicle enforcement effort. Properly trained inspectors will gather r data from commercial vehicle crashes and will assist in determining Where to focus its resources in the effort to reduce the number and severity.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.


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

Check here if no match is required. ☒

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
Commitment to fulfill the obligations of the MCSAP TEAM III grant proposal.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If indirect costs are not included in the proposal, indicate reason.

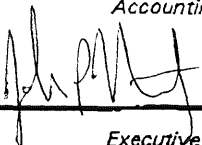
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 13.98 %
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New 2-4 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☒ Yes ☐ No
b. Is continuation of positions a condition of receiving the federal grant? ☒ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
MN MS 4.07 Subd. 1 and 2
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

3/12/97

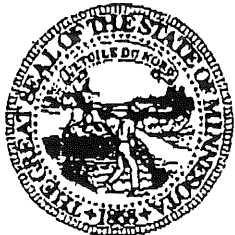
Date



Executive Budget Officer's Signature

3/17/97

Date



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

Policy Note

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Federal Grant Assistance

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Department Name:	Public Safety ,State Patrol Division	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal:	Motor Carrier Safety Assistance Program (MCSAP)- Public Education Grant	
Federal Catalog Number:	20218	

This request is in the following state: <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 10-01-97 End Date: 09-30-98 Funding Amount: \$100,000.00 FTE: 0
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.
The grant must comply with the provisions set forth in the MCSAP Public Education grant proposal.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The goal of the MCSAP Public Education grant is to educate as many drivers of passenger motor vehicles of the dangers surrounding commercial motor vehicles and their limitations on the roadways. Quarterly and other reports are submitted on the activities. Other reports may be produced when requested.
- 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 MCSAP Public education grant is an enhancement of the State Patrol's commercial vehicle enforcement effort. This program will continue the effort of educating drivers on how to drive around commercial motor vehicles.
- 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	\$ 20,000.00	Percentage of total grant:20_%	Hard ___ %	Soft 100%
2nd year	\$	Percentage of total grant:___ %	Hard ___ %	Soft ___ %
3rd year	\$	Percentage of total grant:___ %	Hard ___ %	Soft ___ %

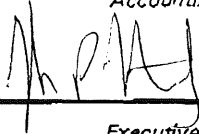
Check here if no match is required. ___

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year ____ and the amount \$ ____.
- b. What short and long term commitments is the state making by acceptance of this grant?
Commitment to fulfil the obligations of the MCSAP Public Education grant proposal.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 13.98 %
- 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 ☐ No
8. How many positions are needed to carry out this program? ____ New 2-3_ Existing
9. Will the award supply funding of present positions? ☐ Partial Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
MN MS 4.07 Subd. 1 and 2
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature



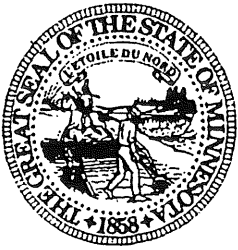
Executive Budget Officer's Signature

3/17/97

Date

3/19/97

Date



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

Policy Note

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Department Name: Public Safety		Type of Grant:
Title of Project/Proposal: Accident Records Imaging System		<input type="checkbox"/> New
Federal Catalog Number: 97-13-04		<input checked="" type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):

This request is in the following state: <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 7/1/97 End Date: 6/30/98 Funding Amount: \$312,000 FTE: 0
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

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 accident reports to streamline the process. To make the reports more accessible 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. 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 an accident report. An optically scanned accident report would be compiled in just a few steps. Also, a report will be made available almost immediately, whereas it takes many weeks to be able 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. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

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

Check here if no match is required. XX

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

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
N/A
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
a. 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 ☒ 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 ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.

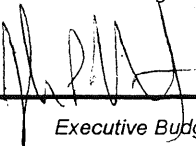
Minnesota Statutes, section 4.075, authorizes the Governor to contract with the U.S. Department of Transportation to accomplish the purposes of the Nat'l Highway Safety Act of 1966 and any amendments thereto. The authority to manage this contract was delegated to the Commissioner of Public Safety and the Division of Traffic Safety.
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

3/17/97

Date



Executive Budget Officer's Signature

3/19/97

Date