



970270
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

May 1, 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 #4 - 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 \$ 24,393,400 for F.Y. 1997, \$ 57,650,700 for F.Y. 1998 and \$ 23,118,400 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 |
|---|--------|---------|---------|
| Dept. of Children, Families and Learning Dietary Guidelines (Team Nutrition Training Grant) | \$ -0- | \$181.7 | \$110.5 |
| Training Personnel for the Education of Individuals with Disabilities | -0- | 180.0 | 180.0 |

| | | | |
|--|-------|---------|---------|
| Migrant Education Program Consortium Incentive Grants | -0- | 100.4 | -0- |
| Migrant Education Interstate and Intrastate Coordination Program | -0- | 465.3 | 345.9 |
| Health & Human Services: | | | |
| Department of Human Services | | | |
| Crisis Counseling for Flood Victims | 600.0 | 2,000.0 | - 0- |
| Work First Demonstration Planning | 20.0 | 5.0 | 25.0 |
| Welfare Reform Implementation | -0- | 3,600.0 | 3,000.0 |
| Joint Project to Control Fraud and Abuse by Ancillary Serv. Providers in LTC | -0- | 186.0 | 124.0 |
| Replacement Federal Funds for MFIP Evaluation | -0- | 900.8 | -0- |
| Department of Health | | | |
| Traumatic Brain Injury Surveillance | -0- | 174.9 | 174.9 |
| Increasing Screening in the MN Breast and Cervical Cancer Control Program | -0- | 16.5 | 50.0 |
| Increasing Screening in the MN Breast and Cervical Cancer Control Program | -0- | 137.6 | 157.3 |
| Recruiting Low-Income Women for Mammography Using Direct Mail | -0- | 100.0 | 300.0 |
| Improving Rescreening Levels for Mammography Among MN Low-Income Women | -0- | -0- | 50.0 |
| Increasing Rescreening in the MN Breast and Cervical Cancer Control Program | -0- | -0- | 245.0 |
| Occupational Cancer Surveillance Through Record Linkage | 4.2 | 50.0 | 50.0 |
| Childhood Agricultural Safety and Health | -0- | 185.0 | 200.0 |
| Abstinence Education | -0- | 460.3 | 613.8 |

| | | | |
|---|----------|----------|----------|
| Environment & Natural Resources: Pollution Control Agency Pollution Prevention: 2% Set Aside Program | -0- | 24.7 | 24.6 |
| Clean Water Act Section 104(g) (1) Wastewater Treatment Operator Training | -0- | 20.8 | 20.8 |
| Department of Natural Resources Wild Bird Conservation Projects Application to the Nat'l Fish & Wildlife Foundation | -0- | 25.0 | 30.0 |
| Economic Development: Department of Trade & Economic Development Community Develop. Block Grant for Disaster Funds | -0- | 12,500.0 | 12,500.0 |
| Innovations in Economic Development: The Evolving Direction...Summit | -0- | 20.0 | -0- |
| Department of Economic Security Disaster Unemployment Insurance | 1,500.0 | 1,500.0 | -0- |
| JTPA, Title III EDWA Dislocated Worker Flood Relief Project | 4,000.0 | 4,000.0 | -0- |
| Community Services Block Grant - Flood Relief | 4,000.0 | 6,000.0 | -0- |
| JTPA Title IIB (Summer Youth Employment and Training Program) Flood Relief Supplement | 1,500.0 | 1,500.0 | -0- |
| Low Income Energy Asst. (Flood) | 12,000.0 | 18,000.0 | -0- |
| Minnesota Housing Finance Agency HOME Investment Partnership Program for Disaster Areas | 769.2 | 4,615.4 | 4,615.4 |
| State Government: Department of Administration/DD Council Replication of Leadership Programs Throughout the United States | -0- | 125.0 | 125.0 |

| | | | |
|--|-------------|-------------|------------|
| Office of Attorney General Joint Project to Control Fraud & Abuse by Ancillary Service Providers | -0- | 176.3 | 176.2 |
| Transportation and Other Agencies Commercial Vehicle Information System Network | -0- | 400.0 | -0- |
| Totals | \$ 24,393.4 | \$ 57,650.7 | \$23,118.4 |



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: Children, Families and Learning
Title of Project/Proposal: Dietary Guidelines (Team Nutrition Training Grant)
Federal Catalog Number:

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

This request is in the following state:

Pre-application ☐ Application ☒ Negotiation ☐ Awarded ☐

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

This award/proposal: Start Date: August 31, 1997 End Date: August 31, 1999
Funding Amount: \$ \$292,220 over 2 years Positions: 1 professional staff
Projected amount 1st year \$181,691, 2nd year \$110,532

- 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.
Children, Families and Learning had the opportunity to apply for the grant. The grant allows for activities related to training of school food and nutrition personnel so that school meals provided are consistent with the new USDA nutrition requirements and the Dietary Guidelines for Americans.
- Summarize the purpose of the proposed grant including a brief statement of the goals and objectives. Also specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The Team Nutrition Training Grant for Healthy School Meals project directed by Children, Families and Learning will provide school food and nutrition personnel with the education, training and resources necessary to provide school meals that are consistent with the USDA nutrition requirements and the Dietary Guidelines for Americans.
- 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. Proposed program will include the development of improved resource materials services using new technologies and the provision of local level Team Nutrition (TN) Training Grants for model district-wide training and nutrition education 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 3 years, include information for each additional year.

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

Check here if no match is required ☒

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

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

The grant period is 24 months - short term commitment is to carry out the terms of the grant.

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

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

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 12 %

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

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

8. How many positions are needed to carry out this program? 1 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. 121.163

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

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

Accounting Coordinator's Signature

Executive Budget Officer's Signature

Date

Date



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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: Children, Families and Learning
Title of Project/Proposal: Training Personnel for the Education of Individuals with Disabilities -
Federal Catalog Number: 84.029K Grants for Training Personnel

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 XX No If yes, state the page and current budget volume for reference.

This award/proposal: Start Date: October, 1997 End Date: October 2000
Funding Amount: \$ 180,000 per year Positions: Existing Staff-approx .5 FTE
spread among involved staff

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

The department had great latitude and at this stage the application includes plans to give a sub-contract to the University of Minnesota for the bulk of the project.

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

The purpose of this grant is to measure the availability of trained low incidence teachers - Autism - Deaf - Deaf/Blind - Blind - Physically Handicapped teachers - Traumatic Brain Injury and other Health Impaired teachers by coordinating training through all teacher training 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. Special education programs in public schools have a difficult time employing teachers for low-incidence disabilities in greater Minnesota. This grant will provide resources for training programs to coordinate the use of skilled trainers through the development of common training curriculums and the shared use of those skilled trainers across training programs.

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

| | | | |
|-------------------|-----------------------------------|--------------|--------------|
| 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 XXX.

5. a. Does the grant contain a maintenance of effort requirement? ☐ Yes ☒ No XX
If yes, what is the base year _____ and amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
Short term - only to meet the requirements of the approved grant.
Long term - 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.
Indirect costs are included but only for that portion of the grant not subcontracted to the University of Minnesota. The University will include its own indirect cost for the portion of the grant it receives.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 12 %
- c. If rate charged is different than agencies approved rate, indicate reason. Attach copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New ☒ Existing
Approx .5 FTE spread among several sta
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 N/A
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No N/A
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☐ No This grant neither increases nor decreases the chances of unemployment costs since existing employees are being used and we anticipate their continued employment at the conclusion of the grant.
- 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. 121.163
14. Will the program involve a change in existing state rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Accounting Coordinator's Signature

Date

Executive Budget Officer's Signature

Date



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POLICY NOTE
Notice of Application For
Federal Grant Assistance

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

Department Name: Minnesota Department of Children, Families and Learning, Learner Options
Division, Migrant Education Program
Title of Project/Proposal: Migrant Education Program Consortium Incentive Grants
Federal Catalog Number: Vol 61 FR 15670

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

This request is in the following state:

Pre-application _____ Application deadline June 2, 1997
Application XX Negotiation _____ Awarded _____

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

_____ Yes XX No If yes, state the page and current budget volume for reference.

This award/proposal: State Date: After July 1, 1997 End Date: 1 year after funds received
Funding Amount: \$100,372 Positions: None in CFL

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.

A State's consortium proposal must (1) reduce Migrant Education Program administrative costs or program function costs for each State in the consortium, and (2) increase the amount of Migrant Education Program funds that are made available for direct services to migratory children that add substantially to the educational attainment or welfare of those children. While a State Education Agency may form a consortium arrangement with any appropriate entity, they are encouraged to establish multi-State consortium arrangements. The consortium arrangement is to benefit those States, that because of the small size of their Migrant Education Program allocations, may have particular difficulty in both administering the Migrant Education Program and providing direct services to migratory children.

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

Goal: To create an optimal learning environment for migrant students through direct services and the use of appropriate current resources.

Objectives:

1. Systematic sharing of resources for migrant students throughout the upper Midwest consortium.
2. Collaboration and communication with regional migrant educators for more effective services to migrant students and families.
3. Development of theme-based curriculum for hands-on learning of migrant and ESL students.
4. Coordinate regional meetings for training in use of migrant resource materials.
5. Accessibility of materials that meet the unique needs of migrant students; Spanish and bilingual text, ESL resources, teacher and parent materials.
6. Provide regional partners with access to over 3,000 existing bar-coded holdings and resource management personnel.
7. Expand MMERC holdings and personnel to accommodate the increased needs of the consortium.

Activities:

1. Monthly meetings will be held with participating State Migrant Education Programs via conference call. This will be a time to address concerns, successes, and share information.
2. Each State will be responsible for scheduling and organizing training of Local Education Agencies on using Minnesota Migrant Education Resource Center's (MMERC) resources. MMERC personnel will be responsible for presenting or assisting partners at training meetings.
3. States will compile and implement distribution of MMERC information to the Local Education Agencies for migrant students and work out specific state loan procedures.
4. States will share existing migrant education materials in their states to be processed and placed in the lending library.
5. States will provide technical assistance and expertise to the consortium.
6. States will submit a performance/evaluation report to the lead state at the close of the project.

Report: Performance/Evaluation Report at close of project

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.

Minnesota will be the lead State in the consortium as the Minnesota Migrant Education Program has an established, organized and active Migrant Education Resource Center located at Hamline University and funded under a migrant education project grant from the Department of Children, Families and Learning that has been working for approximately 14 years. The proposed program expands the resource center by working collaboratively with the Migrant Education Programs in North Dakota and South Dakota so they can share our resource center without establishing one of their own. Sharing of resources between States will expand the opportunities for new information for migrant students. Funds from each State in the consortium will increase the number of resources directly available to migrant students.

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

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

Check here if no match is required XX.

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

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

To work with North Dakota and South Dakota in a partnership providing resources to teachers working directly with migrant students in these states.

6. Are indirect costs included in the proposal? XX Yes _____ No
a. If indirect costs are not included in the proposal, indicate reason.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 12 %
c. If rate charged is different than agencies approved rate, indicate reason. Attach copy of Budget Operations specific exemption.

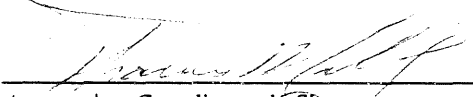
7. Are indirect costs part of any match? _____ Yes XX No

8. How many positions are needed to carry out this program? _____ New _____ Existing - N/A

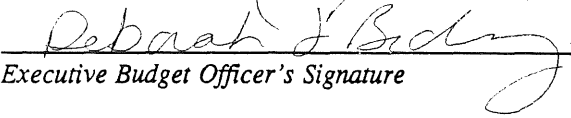
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No - N/A
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No N/A
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No N/A
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 - N/A
13. Legal authority to apply for and accept grant.

M.S. 121.163

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


Accounting Coordinator's Signature

4-23-97
Date


Executive Budget Officer's Signature

4-25-97
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: Minnesota Department of Children, Families and Learning, Learner Options
Division, Migrant Education Program

Title of Project/Proposal: Migrant Education Interstate and Intrastate Coordination Program
Federal Catalog Number: 84.144

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 XX No If yes, state the page and current budget volume for reference.

Awards announced Early Summer

This award/proposal: State Date: After July 1, 1997 End Date: 5 year after receiving funds
Funding Amount: \$2,134,788 over 5 years Positions: 1 professional position
Projected amounts per year: 1st year \$ 465,332
2nd year \$ 345,856
3rd year \$ 406,208
4th year \$ 444,860
5th year \$ 472,532

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.

Grants (approximately 6) will be awarded to applicants applying as a member of consortia who propose to use technologies in innovative and effective ways to improve teaching and learning for highly mobile migrant students. Projects selected for funding will be those judged most likely to be effective in helping migrant children whose education is interrupted by moves between districts and States.

Two criteria will be used for selection for funding: significance and feasibility.

Significance will be determined by: creative vision for using technology to help migrant students learn challenging academic content; results, products, or benefits that can be exported or adapted to other migrant communities or settings; enhances inter- or intrastate coordination of teaching and learning (takes into consideration the cultural and language characteristics of migrant population) by integrating acquired technologies into the curriculum; provides professional development for teachers of migrant children; serves highly mobile population; and creates new learning communities and expanded markets for high-quality educational technology services for migrant and other similar populations.

Feasibility will be determined by: ensures successful, effective and efficient uses of technologies for inter- and intrastate coordination of teaching and learning for migrant students; Consortium members will contribute substantial financial and/or other resources to achieve the goals of the project; and the applicant is capable of carrying out the project.

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

Purpose:

To utilize an electronic individualized learning plan based on curriculum standards and objectives for Minnesota migrant students at designated summer and school year sites. A computerized learning management system will enable the migrant students to have a continuous learning plan as they move from school to school. The system ensures migrant students are receiving the highest level of appropriate instruction without gaps or overlaps of curriculum content.

Objectives:

1. Migrant children placed quickly and accurately into the local curriculum.
2. Manage the instruction of each child using an individual learning plan.
3. Correlate the objective of the receiving school curriculum with those of the home base school or with other sets of standards.
4. Evaluate student progress and generate progress reports.
5. Communicate student progress and achievement with students and parents.
6. Transfer academic data efficiently to the next school of enrollment.

Activities:

1. Purchase hardware and install software for an electronic individualized learning plan system beginning with four LEAs the first year.
2. Local curriculum objectives will be loaded into the system, as well as Minnesota graduation standards and Texas assessment standards. The software will have the capability to provide a quick, clear, up-to-date picture of student performance to help teachers with new tools to work with migrant students to improve learning. It will generate an individualized student plan that will help teachers organize appropriate instruction. Other members of the consortium would be Minnesota Department of Children, Families and Learning, Migrant Education Program, Migrant Education Resource Center, and the business partner, National Computer Systems.
3. Staff development for teachers
4. Hire a person to monitor the program and provide technical assistance.
5. Technical support funded by the grant from each school to provide on-site technical assistance and maintenance.
6. Training for migrant students and their parents to understand how to use the system and understand the results.
7. Develop partnerships between teacher, parent, and student around the individualized learning plan.
8. Each year the program will be expanded and coordinated with home based schools in Texas.
9. Student data will be sent to the resource center for compilation and storage.

Evaluation:

Surveys will be used with teachers, administrators, parents and students to assess the system. Student progress and achievement data will be collected and analyzed.

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 electronic individualized system will be coordinated successfully with our summer migrant education program and our school year education programs. The summer migrant education programs are in 14 sites for 6 weeks in the summer. This will also be a great help to teachers that have migrant students enroll in school throughout the school year, but most often in the spring and fall for a few weeks.

The electronic individualized learning plan allows teachers to enter local curriculum objectives and correlate them with the Minnesota Graduation Standards and the Texas Assessment Standards. This will help the teacher to have a better picture of the student's academic performance for the purpose of designing an education program that meets the student's needs.

It is a student focused program which fits the mobile migrant student perfectly. The individualized learning plan would follow the student from school to school with specific statements of what the student can or cannot do, much like a portfolio of academics. This will be much more helpful for the teacher in the next school to plan the student's education program rather than just receiving a letter grade for a course that the student was enrolled in and you don't know anything about the course.

This will be a successful tool to involve parents more actively in their child's education. It is written in a format that you can understand what the child knows and can do. It can also be interpreted into the language of the parent. This fits with our emphasis on increasing involvement of migrant parents in the education of their child.

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

| | | | |
|-------------------|-----------------------------------|--------------|--------------|
| 1st year \$ _____ | Percentage of total grant _____ % | Hard _____ % | Soft _____ % |
| 2nd year \$ _____ | Percentage of total grant _____ % | Hard _____ % | Soft _____ % |
| 3rd year \$ _____ | Percentage of total grant _____ % | Hard _____ % | Soft _____ % |
| 4th year \$ _____ | Percentage of total grant _____ % | Hard _____ % | Soft _____ % |
| 5th year \$ _____ | Percentage of total grant _____ % | Hard _____ % | Soft _____ % |

Check here if no match is required XX.

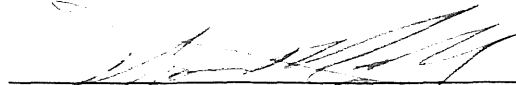
5. a. Does the grant contain a maintenance of effort requirement? _____ Yes XX No
If yes, what is the base year _____ and amount \$ _____
b. What short and long term commitments is the state making by acceptance of this grant?
Commitment is to carry out terms of the grant.
6. Are indirect costs included in the proposal? XX Yes _____ No
a. If indirect costs are not included in the proposal, indicate reason.
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 12 %
c. If rate charged is different than agencies approved rate, indicate reason. Attach copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? _____ Yes XX No
8. How many positions are needed to carry out this program? 1 New _____ Existing
9. Will the award supply funding of present positions? _____ Partial _____ Full XX None
10. Will new positions be funded entirely by the grant award? XX Yes _____ No - NA
11. a. Will the state be asked to pick up the positions when federal funds are discontinued?
_____ Yes XX No
b. Is continuation of positions a condition of receiving the federal grant? _____ Yes XX No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
XX Yes _____ No
b. If yes, has provision been made to provide the necessary funding? XX Yes _____ No

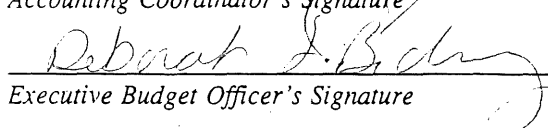
13. Legal authority to apply for and accept grant.

Legal Authority: M.S./ 121.163

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

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


Accounting Coordinator's Signature


Executive Budget Officer's Signature

4-23-97
Date

4-25-97
Date



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

Policy Not

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: Human Services | | Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): |
| Title of Project/Proposal: Crisis Counseling for Flood Victims | | |
| Federal Catalog Number: 13.125 | | |

| | | |
|--|--|---|
| 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: 3/1/97 End Date: 6/30/98 * <i>Alt</i> Funding Amount: \$ 600,000 SFY 98: \$2,000,000 FTE: 1.0 |
|--|--|---|

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 Federal Emergency Management Agency (FEMA) has laws and regulations which define allowable use of these funds. For example, services will be limited to counties within presidentially declared disaster areas.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The purpose is to mobilize crisis counseling teams, evaluate the range and duration of crisis counseling needs, train staff and otherwise provide mental health services as needed by people affected by the floods.

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 an emergency response to the floods and is in addition to existing state and local efforts. This application is being submitted in cooperation with the state Division of Emergency Management.

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. ☒

*Note: The amount shown is a tentative estimate for SFY97. An application for a second phase of services will be submitted by June 1997 for SFY98. The amount for SFY98 is an upper estimate.

FI-00211-04 (1/97)

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 base year _____ and the amount \$_____. See below
- b. What short and long term commitments is the state making by acceptance of this grant?
Federal funds under this grant cannot be used to replace state and local resources that were available before the presidential disaster declaration.
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. _____ %
The indirect costs are based on the Dept of Human Services federally approved cost allocation plan for mental health this equals about \$15,000 per year per FTE.
- 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? 1.0 New 1.0 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
M.S. 245.696, 246.01 and 256.01
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Richard A. Kende

Accounting Coordinator's Signature

4-24-97

Date

[Signature]

Executive Budget Officer's Signature

4-28-97

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: Human Services | | Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title of Project/Proposal: Work First Demonstration Planning Grant | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Federal Catalog Number: 93-647 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: May 15, 1997 End Date: August 15, 1997 Funding Amount: \$FY 97=\$20,000 FY 98=\$ 5,000 FTE: - 0 - Total=\$25,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 request for proposal allowed for considerable discretion within the area of state welfare reform evaluation projects. Minnesota proposed a planning grant to develop evaluation methodologies.</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 this grant is to plan and develop an evaluation proposal to be submitted to the administration for Children & Families describing the methodologies to be used to measure the impact of the work first demonstration.</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 grant funds will be consistent with and complementary to expenditures made to implement Minnesota's version of welfare reform. Work first is a demonstration project to test effectiveness of up-front interventions to employ first time applicants.</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>FY 19971st year</td><td>\$ 1,000</td><td>Percentage of total grant:</td><td>5 %</td><td>Hard</td><td>__ %</td><td>Soft</td><td>5 %</td></tr><tr><td>FY 19982nd year</td><td>\$ 250</td><td>Percentage of total grant:</td><td>5 %</td><td>Hard</td><td>__ %</td><td>Soft</td><td>5 %</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. ____</p> | | | | FY 19971st year | \$ 1,000 | Percentage of total grant: | 5 % | Hard | __ % | Soft | 5 % | FY 19982nd year | \$ 250 | Percentage of total grant: | 5 % | Hard | __ % | Soft | 5 % | 3rd year | \$ | Percentage of total grant: | __ % | Hard | __ % | Soft | __ % |
| FY 19971st year | \$ 1,000 | Percentage of total grant: | 5 % | Hard | __ % | Soft | 5 % | | | | | | | | | | | | | | | | | | | | |
| FY 19982nd year | \$ 250 | Percentage of total grant: | 5 % | Hard | __ % | Soft | 5 % | | | | | | | | | | | | | | | | | | | | |
| 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?
- None
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- Pass-through 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.
- M.S. 246.01 - MS 256.10
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Richard A. Kivile

Accounting Coordinator's Signature

5-1-97

Date

[Signature]

Executive Budget Officer's Signature

5-1-97

Date



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

370 L'Enfant Promenade, S.W.

Washington, D.C. 20447

APR 28 1997

Mr. David Doth
Commissioner
Minnesota Department of Human Services
444 Lafayette Road
St. Paul, Minnesota 55155

Dear Mr. Doth:

I regret to inform you that your application for funding for the "Work First Demonstration" evaluation under the Administration for Children and Families (ACF) program announcement entitled "State Welfare Reform Evaluation Projects" was not approved under Track One of the announcement. However, as described in the announcement, we automatically considered it under Track Two and are pleased to be able to invite you to consider participating in a planning phase to further develop your evaluation proposal and, following that process, to submit an application for evaluation funding in the second phase of the Track Two process.

We received a total of 43 applications from 30 states and are very encouraged at the level of state interest in evaluating welfare reform programs. Because of this impressive response and the large number of promising ideas about how to evaluate welfare reform, we have decided to include as many states as we can in the planning phase of this project. This approach requires that we reduce the size of the planning grant from the level of funding we had anticipated under the announcement. By offering modest planning grants, we are able to include more states in the evaluation development process, and thus increase the prospects for learning from one another.

A single planning grant of \$25,000 per state will be issued, and you will be invited to submit an application at the end of the planning phase. At that time, we estimate that approximately \$4 million will be available to support Track Two evaluations with a similar or higher amount available in future years. Only those states receiving planning grants will be eligible to submit proposals for evaluation funding under the second phase of the Track Two process.

In order to proceed with the issuance of planning grants, revised budget information is required. We have enclosed forms 424 and


Mr. David Doth - page 2

424A which must be re-submitted to reflect the \$25,000 planning grant budget rather than the budget originally submitted with your applications. We are also enclosing three copies of a proposed Cooperative Agreement for the planning phase. Please sign and return all three copies of the Cooperative Agreement within 10 days of receipt of this letter along with the revised form 424 and 424A, reflecting the 5 percent state contribution and a maximum of \$25,000 in Federal funds for the 3-month planning period, and a narrative explanation or justification for how the \$25,000 will be used.

Our receipt of the signed Cooperative Agreement and revised budget forms from you will indicate your willingness to be considered for a planning grant under Track Two. Upon receipt of these documents we will process planning grant awards. The ACF person assigned to work with you on this stage of the planning activity is Lawrence Wolf. Please return the Cooperative Agreement and budget forms to him at the following address: Administration for Children and Families; Office of Planning, Research and Evaluation; 370 L'Enfant Promenade, S.W., 7th Flr.; Washington, D.C. 20447; telephone (202) 401-5084; fax (202) 205-3598.

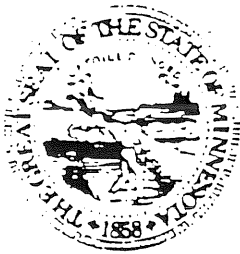
I am very pleased about this opportunity to work in partnership with you and your staff as you consider the options and alternatives for studying the progress of welfare reform in your state.

Sincerely,


Howard Rolston
Director
Office of Planning, Research
and Evaluation

Enclosures

cc: Linda Carson
ACF Regional HUB Director



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

Policy Not

Notice of Application for
Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachment 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: Human Services | | Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): | | | | | | | | | | | | | | | | | | | | | | | | |
| Title of Project/Proposal: Welfare Reform Implementation-- Enhanced Matching Funds for Medicaid Administrative Federal Catalog Number: Costs unknown at this time | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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* | *Note: Funds have been allocated to states. Actual award has not been received. 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, 2000 Funding Amount: \$ 7.7 million total FTE: -0- FY1997=\$ fy1998=\$3.6m FY1999=\$3.0m FY2000=\$1.1m | | | | | | | | | | | | | | | | | | | | | | | | |
| <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. No Discretion--the federal personal responsibility and work opportunity act (PL104-193) authorized \$500 million for this purpose. The secretary of HHS was directed to develop guidelines and a state allocation formula. Minnesota's allocation is \$7.7 million.</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 will provide enhanced matching funds for Medicaid administrative costs attributable to the implementation of the federal welfare reform legislation. Examples of eligible costs are--educational activities, training related to Medicaid eligibility activities, designing new eligibility forms, eligibility related systems changes, etc.</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 grant funds will be consistent with and complementary to expenditures made to implement Minnesota's version of welfare reform. A welfare reform implementation task group will ensure full coordination and most efficient use of these funds.</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>\$ 750</td><td>Percentage of total grant:</td><td>47%</td><td>Hard</td><td>100%</td><td>Soft</td><td>___%</td></tr><tr><td>2nd year</td><td>\$ 750</td><td>Percentage of total grant:</td><td>39%</td><td>Hard</td><td>100%</td><td>Soft</td><td>___%</td></tr><tr><td>3rd year</td><td>\$ 367</td><td>Percentage of total grant:</td><td>14%</td><td>Hard</td><td>100%</td><td>Soft</td><td>___%</td></tr></table> <p>Check here if no match is required. <input type="checkbox"/></p> | | | 1st year | \$ 750 | Percentage of total grant: | 47% | Hard | 100% | Soft | ___% | 2nd year | \$ 750 | Percentage of total grant: | 39% | Hard | 100% | Soft | ___% | 3rd year | \$ 367 | Percentage of total grant: | 14% | Hard | 100% | Soft | ___% |
| 1st year | \$ 750 | Percentage of total grant: | 47% | Hard | 100% | Soft | ___% | | | | | | | | | | | | | | | | | | | |
| 2nd year | \$ 750 | Percentage of total grant: | 39% | Hard | 100% | Soft | ___% | | | | | | | | | | | | | | | | | | | |
| 3rd year | \$ 367 | Percentage of total grant: | 14% | Hard | 100% | 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? Short and long term commitments to implement and operate a successful welfare reform effort are implied by acceptance of the grant.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason:
- b. If indirect costs are included in the proposal, indicate the indirect cost rate N/A %. The award is in the nature of a block grant to be expended for specified activities. To the extent that indirect costs are a part of the activities that Minnesota decides to accomplish, they are available from the grant.
- 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
- **depends on future decisions about use of funds that will be dependent on final
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None federal regulations.
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 246.01 and 256.10
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Richard A. Lindy

Accounting Coordinator's Signature

4-25-97

Date

[Signature]

Executive Budget Officer's Signature

4-88-97

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: Human Services | | Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): |
| Title of Project/Proposal: Joint Project to Control Fraud and Abuse by Ancillary Service Providers in LTC | | |
| Federal Catalog Number: Federal Register 3/26/97 FR Doc. 97-7581 | | |

| | | |
|--|--|--|
| 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: 1/1/98 End Date: 12/31/98 Funding Amount: \$ 310,000 FTE 6.0 Unclassified |
|--|--|--|

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 federal notice required: 1) proposal must come from an agency currently involved in fraud & abuse control; 2) must advance the objectives of the federal Fraud & Abuse Control Program; 3) must propose to supplement, not supplant current funding; and 4) must undertake a new activity.

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 facilitate enforcement of laws relating to health care fraud and abuse, using new investigative, auditing or evaluation techniques. Our goal is to identify and eliminate fraud & abuse by ancillary service providers in long-term care facilities. Finding & resulting remedial actions will be reported at the end of the year-long project.

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 investigative process is similar to what DHS SIRS staff does currently, but this proposal uses a broader team effort and intensive concentration in a particular area. It is also innovative in its close coordination of activities by DHS staff and the Attorney General's health care fraud staff.

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 find this not electronically make sure you are in tvDeover 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?

One year of investigation, identification and action to eliminate abusive and fraudulent billing practices by ancillary services providers who render care in long term care facilities.

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 _____ %
Federal approved cost allocation plan of \$12,000 per FTE for 1 year.

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

N/A

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

8. How many positions are needed to carry out this program? 6 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
Positions will continue only if grant is renewed.

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. 246.01 - M.S. 256.10

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

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

Richard A. Kind
Accounting Coordinator's Signature

4-25-97
Date

[Signature]
Executive Budget Officer's Signature

4-28-97
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: Human Services | | Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): | | | | | | | | | | | | | | | |
| Title of Project/Proposal: Replacement Federal Funds for MFIP Evaluation Federal Catalog Number: 93.647 | | | | | | | | | | | | | | | | | |
| 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: 7/1/97 End Date: 6/30/98 Funding Amount: \$ 900,841 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>Conditions for Federal reimbursement are prescribed in the MFIP Terms and Conditions agreed to prior to the start of the MFIP field trials.</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 for the replacement of Federal funds for the evaluation of MFIP. Federal funding was originally going to be matched with Title IV A administrative funds which are now part of the TANF block grant.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>This grant is for matching Federal funds of a current state 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> <p>Orig FS20-G33 Ap 507</p> <table><tr><td>1st year</td><td>\$ 511,201.00</td><td>Percentage of total grant: 30%</td><td>Hard 100%</td><td>Soft ___%</td></tr><tr><td>2nd year</td><td>\$ 280,846</td><td>Percentage of total grant: 50%</td><td>Hard 100%</td><td>Soft ___%</td></tr><tr><td>3rd year</td><td>\$ 228,525</td><td>Percentage of total grant: 50%</td><td>Hard 100%</td><td>Soft ___%</td></tr></table> <p>Check here if no match is required. ___</p> | | | 1st year | \$ 511,201.00 | Percentage of total grant: 30% | Hard 100% | Soft ___% | 2nd year | \$ 280,846 | Percentage of total grant: 50% | Hard 100% | Soft ___% | 3rd year | \$ 228,525 | Percentage of total grant: 50% | Hard 100% | Soft ___% |
| 1st year | \$ 511,201.00 | Percentage of total grant: 30% | Hard 100% | Soft ___% | | | | | | | | | | | | | |
| 2nd year | \$ 280,846 | Percentage of total grant: 50% | Hard 100% | Soft ___% | | | | | | | | | | | | | |
| 3rd year | \$ 228,525 | Percentage of total grant: 50% | Hard 100% | 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?
- The state is committed in law to the evaluation of MFIP. No new commitments are undertaken by the 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.
- All funds from this grant are paid to the independent evaluator for the MFIP field trials.
- 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 Statute 246.01 and 256.10
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Richard A. Kunk

Accounting Coordinator's Signature

4-8-97

Date

[Signature]

Executive Budget Officer's Signature

4-22-97

Date

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

March 28, 1997

Applicant Identifier

1. TYPE OF SUBMISSION

Application

Preapplication

☐ Construction

☐ Construction

☒ Non-Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name

Minnesota Department of Human Services

Organizational Unit

Minnesota Family Investment Program

Address (give city, county, state, and zip code)

444 Lafayette Road
St. Paul, MN 55155-3837
(Ramsey County)

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Chuck Johnson (612) 297-4727

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

7. TYPE OF APPLICATION:

☐ New ☐ Continuation ☒ Revision

!! Revision, enter appropriate letter(s) in box(es):

☒ B ☐

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒ A

A State H Independent School Dist
B County I State Controlled Institution of Higher Learning
C Municipal J Private University
D Township K Indian Tribe
E Interstate L Individual
F Intermunicipal M Profit Organization
G Special District N Other (Specify):

8. NAME OF FEDERAL AGENCY:

DHHS/ACF

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

9 3 6 4 7

TITLE State Welfare Reform Evaluation Project

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

State Welfare Reform Evaluation Project

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Minnesota Counties: Anoka, Dakota, Hennepin, Mille Lacs, Morrison, Ramsey, Sherburne, Todd

13. PROPOSED PROJECT

Start Date

4/97

Ending Date

12/31/00

14. CONGRESSIONAL DISTRICTS OF

a Applicant

Minnesota 4

b Project

Minnesota 3, 4, 5, 6, 7.

15. ESTIMATED FUNDING

| | | | |
|----------------|----|-----------|-----|
| a Federal | \$ | 900,841 | .00 |
| b Applicant | \$ | | .00 |
| c State | \$ | 511,201 | .00 |
| d Local | \$ | | .00 |
| e Other | \$ | 298,051 | .00 |
| USDA/FCS | | | |
| Program Income | \$ | | .00 |
| g TOTAL | \$ | 1,710,093 | .00 |

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE

b NO ☒ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative

Deborah L. Huskins

b Title

Assistant Commissioner

c Telephone number

(612) 296-6955

d Signature of Authorized Representative

Deborah L. Huskins

e Date Signed

4/9/97

Previous Editions Not Usable

Standard Form 424 (REV 4-81)
Prescribed by OMB Circular A-10

Authorized for Local Reproduction

BUDGET INFORMATION — Non-Construction Programs

SECTION A — BUDGET SUMMARY

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
|---|---|-----------------------------|-----------------|-----------------------|-----------------|--------------|
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| State Welfare Reform Evaluation Project | 93.647 | \$ | \$ | \$ 900,841 | \$ 511,201 | \$ 1,412,042 |
| USDA/FCS Share | | | | 298,051 | | 298,051 |
| TOTALS | | \$ | \$ | \$ 1,198,892 | \$ 511,201 | \$ 1,710,093 |

SECTION B — BUDGET CATEGORIES

| Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total (5) |
|--|-------------------------------------|-----|-----|-----|--------------|
| | (1) | (2) | (3) | (4) | |
| a. Personnel | \$ | \$ | \$ | \$ | \$ |
| b. Fringe Benefits | | | | | |
| c. Travel | | | | | |
| d. Equipment | | | | | |
| e. Supplies | | | | | |
| f. Contractual | | | | | |
| g. Construction | | | | | 1,710,093 |
| h. Other | | | | | |
| i. Total Direct Charges (sum of 6a - 6h) | | | | | |
| j. Indirect Charges | | | | | |
| k. TOTALS (sum of 6i and 6j) | \$ | \$ | \$ | \$ | \$ 1,710,093 |
| l. Program Income | \$ | \$ | \$ | \$ | \$ |

SECTION C - NON-FEDERAL RESOURCES

| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS |
|--------------------------------|---------------|--------------|-------------------|--------------|
| Year 1 | \$ | \$ 511,201 | \$ | \$ 511,201 |
| Year 2 | | 280,896 | | 280,896 |
| Year 3 | | 228,525 | | 228,525 |
| Year 4 | | 30,269 | | 30,269 |
| TOTALS (sum of lines 8 and 11) | \$ | \$ 1,050,891 | \$ | \$ 1,050,891 |

SECTION D - FORECASTED CASH NEEDS

| | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|-----------------------------------|--------------------|-------------|-------------|-------------|-------------|
| 1. Federal | \$ | \$ | \$ | \$ | \$ |
| 4. Nonfederal | | | | | |
| 5. TOTAL (sum of lines 13 and 14) | \$ | \$ | \$ | \$ | \$ |

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

| (a) Grant Program | FUTURE FUNDING PERIODS (Years) | | | |
|--|--------------------------------|------------|-----------|------------|
| | (b) First | (c) Second | (d) Third | (e) Fourth |
| 6 State Welfare Reform Evaluation Project - DHHS/ACF | \$ 422,834 | \$ 317,465 | \$ 60,538 | \$ |
| 7. USDA/FCS Share | 205,896 | 153,525 | 30,269 | |
| 18. | | | | |
| 19. | | | | |
| 20. TOTALS (sum of lines 16 -19) | \$ 628,730 | \$ 470,990 | \$ 90,807 | \$ |

SECTION F - OTHER BUDGET INFORMATION

(Attach additional Sheets if Necessary)

| | |
|---------------------|-----------------------|
| 21. Direct Charges: | 22. Indirect Charges: |
| 23. Remarks | |



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: Health | | Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): | |
| Title of Project/Proposal: Traumatic Brain Injury Surveillance Program | | | |
| Federal Catalog Number: 93.136 | | | |

| | | |
|--|--|--|
| 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: August 1, 1997 End Date: July 31, 2000 Funding Amount: \$174,956 FTE: 3.3 |
|--|--|--|

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. Full discretion and latitude were allowed the MDH in preparing this application, as long as strict compliance to the Program Announcement 716 was followed. The Program Announcement specifies budget limitations and scope of work.

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

Please see attached.

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

Please see attached.

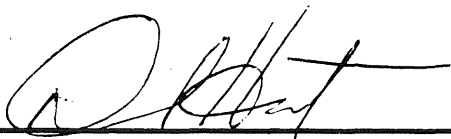
4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

| | | | | | |
|----------|----|---|---------------------------------|-----------|-----------|
| 1st year | \$ | 0 | Percentage of total grant: ___% | Hard ___% | Soft ___% |
| 2nd year | \$ | 0 | Percentage of total grant: ___% | Hard ___% | Soft ___% |
| 3rd year | \$ | 0 | 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.

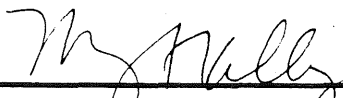
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
b. What short and long term commitments is the state making by acceptance of this grant?
Short-Term commitments include agreement to complete the goals and objectives utilizing the funding of the grant and the skills of project staff.
No specific long-term commitments other than to utilize the evaluation findings in the ongoing work of the state funded TBI/SCI Registry.
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. 17.6 %
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? 1.8 New 1.5 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
Through the indirect and fringe benefits rates applied to this grant.
13. Legal authority to apply for and accept grant.
MS 144.697, Subdivision 2
MS 144.074
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

4/23/97

Date



Executive Budget Officer's Signature

4-25-97

Date

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.

In summary, this cooperative agreement will allow Minnesota to:

1. Describe TBI related mortality in Minnesota. (Year One; system ongoing.)
2. Enhance data systems to collect data about severe TBI. (Year One.)
3. Evaluate the Registry data. (Year One and ongoing through the project.)
4. Enhance the collection of outcome data. (Initiate in Year Two, and ongoing.)
5. Enhance the timeliness of the data. (Initiate in Year Two and ongoing through the end of the project, focussing on mortality data and severe TBI.)
6. Enhance regional reporting of TBI. (Initiate in Year Three; this should allow for more timely identification of small-area "outbreaks" of TBI.)

The activities which will occur include chart reviews at acute care hospitals in Minnesota, travel to hospitals to abstract data, conducting meetings with neighboring states regarding transfer of data, and data analysis. Products to be produced will include reports of analyses and evaluation findings; it is possible that state and national presentations will be requested.

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 propose program will be coordinated with existing programs.

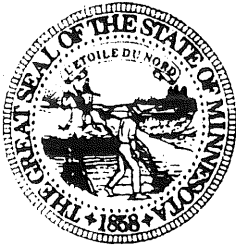
The current traumatic brain and spinal cord injury registry (TBI/SCI) does not fund an evaluation component. This grant will fund a comprehensive evaluation of the data collected by the state-funded Registry; the grant will also allow for an enhancement of the Registry by completing a mortality assessment and analysis; by examining outcome post-TBI; and by encouraging timely reporting of data to the Registry. There is an emphasis on follow-up and rehabilitation of persons with TBI at both the Departments of Human Services and Economic Security. Neither of these programs are involved with data evaluation or with an enhancement of the Registry process. Representatives from these agencies serve on the MDH Registry Advisory Committee, and so will be kept apprised of progress on this grant in regular communication with Registry Committee members.

Attachment, April 21, 1997

Policy Note
Notice of Application for Federal Grant Assistance
August 1, 1997 through July 31, 2000

Table 1
Anticipated Spending by State Fiscal Year and Positions Funded

| Budget Category | FY 97 | FY 98 | FY 99 | FY 2000 | Positions Funded |
|------------------------|--------------|--------------|--------------|----------------|-------------------------|
| Personnel and Fringe | 0 | \$123,575 | \$128,000 | \$132,000 | 3.3 |
| Travel | 0 | \$11,480 | \$12,000 | \$13,000 | |
| Equipment | 0 | \$5,900 | \$0 | \$0 | |
| Supplies | 0 | \$4,700 | \$6,000 | \$7,000 | |
| Contracts | 0 | \$4,000 | \$2,800 | \$800 | |
| Total Direct | 0 | \$149,655 | \$148,800 | \$148,800 | |
| Indirect (17.6 %) | 0 | \$25,301 | \$26,189 | \$26,189 | |
| Total | 0 | \$174,956 | \$174,989 | \$174,989 | |
| | | | | | |



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: Health Title of Project/Proposal: Increasing Screening in the Minnesota Breast and Cervical Cancer Control Program Federal Catalog Number: | | 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: March 1998 End Date: February 2001 Funding Amount: \$ 150,000 FTE: 2 | | | | | | | | | | | | | | | |
| <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>The grant is limited to new investigators and to \$50,000 funding per year for three years.</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>To determine the effectiveness of two mailed health education interventions for increasing rescreening among MBCCCP enrolled women age 50 to 79 and to reduce knowledge barriers to rescreening. Annual reports on grant progress will be submitted to the funding agency and a report estimating the cost effectiveness of the intervention will be prepared in the final 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.</p> <p>This project will complement current funding from the US Centers for Disease Control and Prevention that supports development of a comprehensive statewide breast and cervical cancer control 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>\$</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.

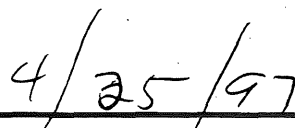
5. a. Does the grant contain a maintenance of effort requirement? ☐ No. ☒ Yes. If yes, please provide the base year _____ and the amount \$_____.
- b. What short and long term commitments is the state making by acceptance of this grant?

Three year commitment of administering the grant and assuring grant activities are accomplished within the framework of federal requirements

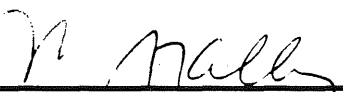
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 17.6 %
- c. If rate charged is different than agency's approved rate, indicate reason. 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? 2 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 144.074
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



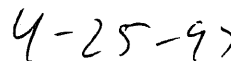
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date

Increasing Screening in the Minnesota Breast and Cervical Cancer Control Program

Budget by State Fiscal Year

April 25, 1997

7/1/96 - 6/30/97

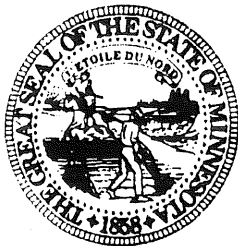
0

3/1/98 - 6/30/98

| | |
|-----------------|-----------------|
| Salary & Fringe | \$12,396 |
| Travel | \$ 1,100 |
| Equipment | \$ 0 |
| Supplies | \$ 100 |
| Contractual | \$ 0 |
| Other | \$ 0 |
| Indirect | <u>\$ 2,904</u> |
| Total | <u>\$16,500</u> |

7/1/98 - 6/30/99

| | |
|-----------------|-----------------|
| Salary & Fringe | \$39,700 |
| Travel | \$ 1,100 |
| Equipment | \$ 0 |
| Supplies | \$ 400 |
| Contractual | \$ 0 |
| Other | \$ 0 |
| Indirect | <u>\$ 8,800</u> |
| Total | <u>\$50,000</u> |



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

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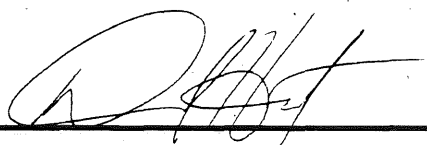
| | | | | | | | | | | | | | | | | | |
|--|--|--|-----------|-----------|--------------------------------|-----------|-----------|----------|----|--------------------------------|-----------|-----------|----------|----|--------------------------------|-----------|-----------|
| Department Name: Health Title of Project/Proposal: Increasing Screening in the Minnesota Breast and Cervical Cancer Control Program Federal Catalog Number: | | 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: October 1997 End Date: September 2000 Funding Amount: \$ 423,974 FTE: 2 | | | | | | | | | | | | | | | |
| <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>The grant is limited to \$150,000 funding per year for three years.</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>To determine the effectiveness of two mailed health education interventions for increasing rescreening among MBCCCP enrolled women age 50 to 79 and to reduce knowledge barriers to rescreening. Annual reports on grant progress will be submitted to the funding agency and a report estimating the cost effectiveness of the intervention will be prepared in the final 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.</p> <p>This project will complement current funding from the US Centers for Disease Control and Prevention that supports development of a comprehensive statewide breast and cervical cancer control 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>\$</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?

Three year commitment of administering the grant and assuring grant activities are accomplished within the framework of federal requirements

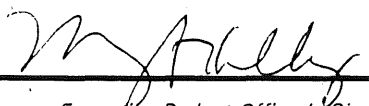
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 17.6 %
- c. If rate charged is different than agency's approved rate, indicate reason. 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? 2 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 144.074
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

4/28/97

Date



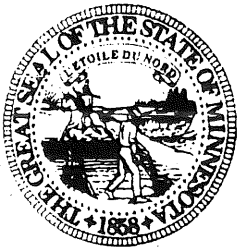
Executive Budget Officer's Signature

4/29/97

Date

Association of Teachers of Preventive Medicine
Cancer Control Section

| | | | |
|-------------------------------|-----------|-----------|-----------|
| Budget for state fiscal year: | 1998 | 1999 | 2000 |
| | \$137,639 | \$157,347 | \$137,610 |



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: Health | | Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): | |
| Title of Project/Proposal: Recruiting Low-income Women for Mammography Using Direct Mail | | | |
| 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: March 1998 End Date: February 2002 Funding Amount: \$ 1,100,000 FTE: 8 part-time, 1 full-time |
|--|--|--|

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 in reference to a request for new initiatives to develop interventions to increase breast cancer screening among low-income minority women.

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 will be used to develop and test effective direct mail strategies to increase utilization of mammography by Minnesota women. Annual reports on grant progress will be submitted to the funding agency and a final report will be developed to report study findings.

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

This project will complement current funding from the US Centers for Disease Control and Prevention that supports development of a comprehensive statewide breast and cervical cancer control program.

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?

Four year commitment of administrating the grant and assuring grant activities are accomplished within the framework of federal requirements.

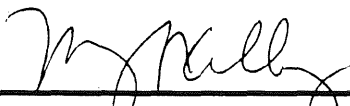
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 17.6 %
- c. If rate charged is different than agency's approved rate, indicate reason. 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 8 Existing
9. Will the award supply funding of present positions? 8 Partial 1 Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 144.074
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

4/25/97

Date



Executive Budget Officer's Signature

4/25/97

Date

Recruiting Low-income Women for Mammography Using Direct Mail

Budget by State Fiscal Year

April 25, 1997

7/1/96 - 6/30/97

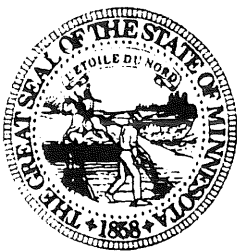
0

3/1/98 - 6/30/98

| | |
|-----------------|-------------------------|
| Salary & Fringe | \$ 67,700 |
| Travel | \$ 2,300 |
| Equipment | \$ 0 |
| Supplies | \$ 3,400 |
| Contractual | \$ 4,000 |
| Other | \$ 5,000 |
| Indirect | <u>\$ 17,600</u> |
| Total | <u><u>\$100,000</u></u> |

7/1/98 - 6/30/99

| | |
|-----------------|-------------------------|
| Salary & Fringe | \$135,900 |
| Travel | \$ 3,600 |
| Equipment | \$ 0 |
| Supplies | \$ 3,500 |
| Contractual | \$ 65,000 |
| Other | \$ 11,000 |
| Indirect | <u>\$ 52,800</u> |
| Total | <u><u>\$300,000</u></u> |



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

Policy Note

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| | | | |
|---|--|--|--|
| Department Name: Health | | Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): | |
| Title of Project/Proposal: Improving Rescreening Levels for Mammography Among Low-income Minnesota Women | | | |
| 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 1998 End Date: June 30, 2002 Funding Amount: \$ 200,000 FTE: 2 |
|--|--|--|

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 limited to research to develop effective methods for increasing cancer prevention and early detection services among low-income women.

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 will be used to analyze primary data collected by MBCCCP on barriers to rescreening and to develop effective strategies to improve the levels of rescreening among MBCCCP enrolled women. Annual reports on grant progress will be submitted to the funding agency.

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

This project will complement current funding from the US Centers for Disease Control and Prevention that supports development of a comprehensive statewide breast and cervical cancer control program.

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 ___% |

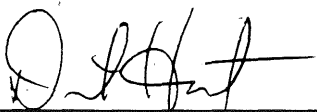
Check here if no match is required. ☒

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

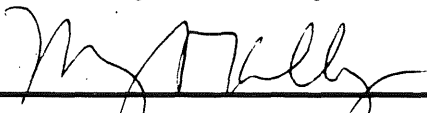
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?

Four year commitment of administrating the grant and assuring grant activities are accomplished within the framework of federal requirements.

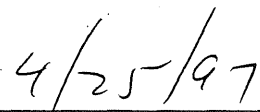
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 17.6 %
- c. If rate charged is different than agency's approved rate, indicate reason. 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? 2 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. 144.074
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



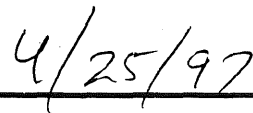
Accounting Coordinator's Signature



Executive Budget Officer's Signature



Date



Date

Improving Rescreening Levels for Mammography Among Low-income Minnesota Women

Budget by State Fiscal Year

April 25, 1997

7/1/96 - 6/30/97

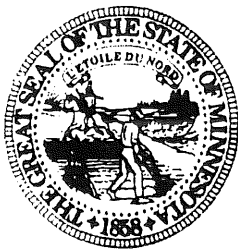
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7/1/97 - 6/30/98

0

7/1/98 - 6/30/99

| | |
|-----------------|------------------------|
| Salary & Fringe | \$38,500 |
| Travel | \$ 1,200 |
| Equipment | \$ 0 |
| Supplies | \$ 1,500 |
| Contractual | \$ 0 |
| Other | \$ 0 |
| Indirect | <u>\$ 8,800</u> |
| Total | <u><u>\$50,000</u></u> |



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

Policy Note

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| | | | |
|---|--|--|--|
| Department Name: Health | | Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): | |
| Title of Project/Proposal: Increasing Rescreening in the Minnesota Breast and Cervical Cancer Control Program | | | |
| 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 1998 End Date: June 2002 Funding Amount: \$ 1,000,000 FTE: 2.5 |
|--|--|--|

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 limited to research to develop effective methods for increasing cancer prevention and early detection services.

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 will assess the effectiveness of various health education interventions for increasing mammography rescreening among women age 50 to 79 enrolled in the MBCCCP.

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

This project will complement current funding from the US Centers for Disease Control and Prevention that supports development of a comprehensive statewide breast and cervical cancer control program.

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?

Four year commitment of administrating the grant and assuring grant activities are accomplished within the framework of federal requirements.

6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 17.6 %
- 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 2.5 Existing

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

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

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

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

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

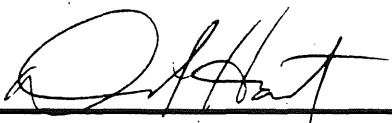
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No

13. Legal authority to apply for and accept grant.

M.S. 144.074

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

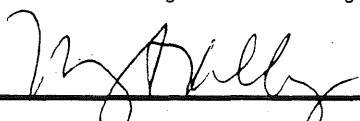
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

4/25/97

Date



Executive Budget Officer's Signature

4/25/97

Date

Increasing Rescreening in the Minnesota Breast and Cervical Cancer Control Program

Budget by State Fiscal Year

April 25, 1997

7/1/96 - 6/30/97

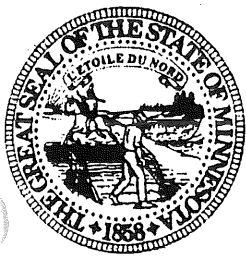
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7/1/97 - 6/30/98

0

7/1/98 - 6/30/99

| | |
|-----------------|------------------|
| Salary & Fringe | \$146,000 |
| Travel | \$ 3,800 |
| Equipment | \$ 0 |
| Supplies | \$ 1,400 |
| Contractual | \$ 44,280 |
| Other | \$ 6,400 |
| Indirect | <u>\$ 43,120</u> |
| Total | <u>\$245,000</u> |



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

Policy Note


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| | | | | | | | | | | | | | | | | | |
|--|--|--|-----------|-----------|---------------------------------|-----------|-----------|----------|----|---------------------------------|-----------|-----------|----------|----|---------------------------------|-----------|-----------|
| Department Name: Minnesota Dept. of Health Title of Project/Proposal: Occupational Cancer Surveillance through Record Linkage Federal Catalog Number: 93.262 | | 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 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: 6/1/97 End Date: 5/31/2000 Funding Amount: \$150,000 FTE: .7 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.</p> <p>We have complete discretion in all aspects of preparing and executing the 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.</p> <p>The purpose of this grant is to determine if and when cancer risks can be estimated by establishing record linkages between statewide cancer surveillance systems and occupational cohorts. Recommendations for the use of this methodology will be developed.</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>There are no comparable state programs; however, the Minnesota Cancer Surveillance System will be used to identify cancer diagnosis. This will increase our understanding of cancer morbidity risks within occupational cohorts.</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.

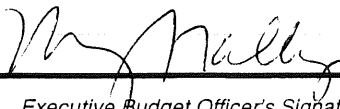
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- The short-term commitment for acceptance of this grant is a three-year one; 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. 8 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
- Special Emphasis Research Career Award Grants (K01) are limited to 8 percent indirect cost.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 0.7 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. 144.074
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

4/11/97

Date



Executive Budget Officer's Signature

4-16-97

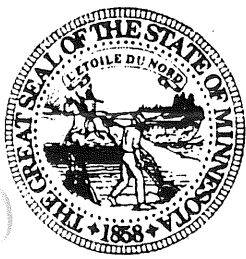
Date

POLICY NOTE ATTACHMENT

Occupational Cancer Surveillance Through Record Linkage
Federal Catalog Number 93.262

Budget Breakdown

| <u>Category</u> | <u>FY97</u> | <u>FY98</u> | <u>FY99</u> |
|---|-----------------|-----------------|-----------------|
| <u>Existing Personnel</u> - 1.00 FTE | | | |
| <i>Epidemiologist Principal</i> | \$ 3,667 | \$44,000 | \$44,000 |
| <u>New Personnel</u> - .7 FTE | | | |
| <i>Epidemiologist</i> | \$ 500 | \$ 6,000 | \$ 6,000 |
| <i>Total Personnel</i> | \$ 4,167 | \$50,000 | \$50,000 |



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

Policy Note

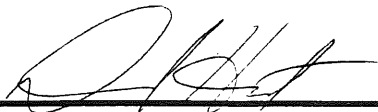
Notice of Application for
Federal Grant Assistance

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: Minnesota Dept. of Health Title of Project/Proposal: Childhood Agricultural Safety and Health Federal Catalog Number: 93.262 | | 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 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: 9/30/2000 Funding Amount: \$ 600,000 FTE: 1.5 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. The Minnesota Department of Health was allowed full discretion within the parameters specified by the granting agency in this 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. See attached.</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. See attached.</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>Percentage of total grant: ___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>2nd year \$</td><td>Percentage of total grant: ___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>3rd year \$</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.

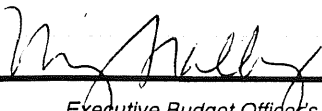
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- None
6. Are indirect costs included in the proposal? ☒ Yes ☐ 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. 17.6%
- 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? 1.5 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. 144.074
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

4/11/97

Date



Executive Budget Officer's Signature

4/16/97

Date

Policy Note

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

This study will evaluate the the etiology and outcomes of agricultural trauma. Farming remains one of the most, if not the most, dangerous industry in Minnesota; however, we know little about the nature of the injuries that take place and their cause. It is anticipated that this study will assist the MDH in developing recommendations for the farmers in making their farms safer places for themselves and their families.

- 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 coordinating with existing programs.**

Current MDH research has clearly documented several easily preventable causes of farm-related fatality in Minnesota. Ongoing surveillance has continued to uncover others. The Minnesota Department of Labor and Industry (DLI) currently compiles data on work-related injuries only for those industries covered by compensation. It is rare that farmers and their families are covered by this system. For this reason, the DLI has little data on agricultural trauma. This additional data compiled will enhance our understanding of fatal and nonfatal agricultural trauma in Minnesota.



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

Policy Note

Notice of Application for
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| | | |
|---|--|--|
| Department Name: Health | | Type of Grant: |
| Title of Project/Proposal: Abstinence Education | | <input checked="" type="checkbox"/> New |
| Federal Catalog Number: 93.100 | | <input 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 | If yes, state the page and current budget volume for reference. | Start Date: 10/1/97 |
| <input type="checkbox"/> Application | | End Date: 9/30/02 |
| <input type="checkbox"/> Negotiation | | Funding Amount: \$613,756/yr. |
| <input type="checkbox"/> Awarded | | FTE: 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.
Federal law specifies eight purposes for which the funds may be used. A maximum of 10% of the award may be used for state administration at the discretion of the state agency.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
The purpose of the grant is to "enable the state to provide abstinence education, and at the option of the state, where appropriate mentoring, counseling, and adult supervision to promote abstinence from sexual activity with a focus on those groups which are most likely to bear children out of wedlock."
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.
The program will be closely coordinated with the existing state funded MN ENABL (Education Now and Babies Later) program which is targeted to adolescents 12-14, their parents and community. It provides grant funds to local communities for community organizing around pregnancy prevention focusing on using a positive
- 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 | \$460,315 | Percentage of total grant: | 75% | Hard | * % | Soft | * % |
| 2nd year | \$460,315 | Percentage of total grant: | 75% | Hard | * % | Soft | * % |
| 3rd year | \$460,315 | Percentage of total grant: | 75% | Hard | * % | Soft | * % |

Check here if no match is required. ☐

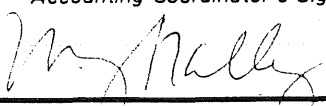
*Match can be either/or

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 to provide the services in the annual application in keeping with federal requirements.
Commitment to provide match is being met with current funding on agency base.
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. 17.6 %
- 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 ☐ Existing
9. Will the award supply funding of present positions? ☐ Partial ☒ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☒ No
13. Legal authority to apply for and accept grant.
144.05 The state commissioner of health shall have general authority as the state's official health agency and shall be responsible for the development and maintenance of an organized system of programs and services for protecting, maintaining, and improving the health of citizens.
MS 144.074 - authority to spend non-state funding
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature

4/28/97
Date


Executive Budget Officer's Signature

4/28/97
Date

#3 CONTINUED

approach to create a community standard of abstinence for 12-15 year olds.

The new federal program is more narrow in that it has as its exclusive purpose, teaching the social, psychological and health gains to be realized from abstaining from sexual activity.

BUDGET

| | 7/1/96 - 6/30/97 | 7/1/97 - 6/30/98 | 7/1/98 - 6/30/99 |
|-----------|------------------|------------------|------------------|
| Salaries | 0 | 33,750 | 45,000 |
| Fringe | 0 | 7,088 | 9,450 |
| Printing | 0 | 1,000 | 5,000 |
| Travel | 0 | 750 | 1,000 |
| Equipment | 0 | 7,000 | --- |
| Grants | 0 | 397,602 | 539,306 |
| Indirect | 0 | 13,127 | 14,000 |
| Total | 0 | 460,317 | 613,756 |



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: Pollution Control Title of Project/Proposal: Pollution Prevention: 2% Set Aside Program Federal Catalog Number: unknown | | 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 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: \$24,700 - FY 1998 \$24,651 - FY 1999 FTE: 1.0 | | | | | | | | | | | | | | | | | | | | | | | | |
| <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. USEPA Region 5 gave MPCA's Pollution Prevention (P2) Program staff complete latitude in conceiving the projects proposed, so long as they involved activities in line with the federal definition of P2 and were in line with Region 5's P2 priorities.</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>The purpose of the grant is to integrate the P2 approach more fully into MPCA programs and activities. The grant will entail projects within MPCA divisions working with their tools, such as permits, enforcement, or remediation. It will also seek to provide education and incentives for MPCA divisional staff to integrate P2 promotion into their work. Educational products for staff will include guidance and case studies. Biannual reports to EPA on project progress (and lessons learned) will be available as MPCA documentation as well.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>This program augments the P2 integration efforts by MPCA P2 Program staff, and it will support the long-range changes envisioned under MPCA's ongoing strategic planning process. The project will coordinate services with other P2 assistance providers outside the agency, including Minnesota Technical Assistance Program, Office of Environmental Assistance and Minnesota Technology Inc.</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>\$1,300</td><td>Percentage of total grant</td><td><u>5</u> %</td><td>Hard</td><td><u>X</u> %</td><td>Soft</td><td><u> </u> %</td></tr><tr><td>2nd year</td><td>\$1,297</td><td>Percentage of total grant:</td><td><u>5</u> %</td><td>Hard</td><td><u>X</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 | \$1,300 | Percentage of total grant | <u>5</u> % | Hard | <u>X</u> % | Soft | <u> </u> % | 2nd year | \$1,297 | Percentage of total grant: | <u>5</u> % | Hard | <u>X</u> % | Soft | <u> </u> % | 3rd year | \$ | Percentage of total grant: | <u> </u> % | Hard | <u> </u> % | Soft | <u> </u> % |
| 1st year | \$1,300 | Percentage of total grant | <u>5</u> % | Hard | <u>X</u> % | Soft | <u> </u> % | | | | | | | | | | | | | | | | | | | |
| 2nd year | \$1,297 | Percentage of total grant: | <u>5</u> % | Hard | <u>X</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?
The MPCA is committing to 1 FTE of work funded by the grant, matched by .05 FTE from the various staff teams required to complete the tasks identified.
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 ☒ Not applicable
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 Subd. 3
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Peggy C. Edelmann

Accounting Coordinator's Signature

April 18, 1997

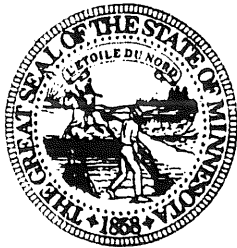
Date

Douglas A. Wilton

Executive Budget Officer's Signature

April 23, 1997

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: Pollution Control Title of Project/Proposal: Clean Water Act Section 104(g)(1) Wastewater Treatment Operator Training Federal Catalog Number: 66-CWT | | Type of Grant: <input type="checkbox"/> New <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 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: 10/1/96 End Date: 12/31/98 Funding Amount: \$41,500 (FY97-\$0, FY98 \$20,750, FY99 \$20,750) FTE: 0.4 | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 MPCA is primarily following the existing workplan for the grant amendment. The MPCA has discretion to budget funds for the approved activities.</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>One purpose of the grant is to identify publicly owned wastewater treatment facilities that are having problems meeting effluent criteria and other related operational problems. A second purpose is to bring those selected facilities into compliance and help them maintain compliance via diagnostic evaluation or on-site assistance, as appropriate. A data base profile of plant performance will be prepared to use in evaluating plant performance. Staff will attend training conferences on wastewater treatment operations and continue working with the state of Ohio in an outreach exchange program, as well as continue working with operators in Minnesota. Some equipment will be purchased to aid in evaluating plant operations.</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 MPCA has offered technical assistance to wastewater treatment operators throughout Minnesota for many years. The MPCA receives annual grants from the U.S. Environmental Protection Agency (EPA) to help fund this program. This additional money became available from the EPA by amending an existing grant. The MPCA is now applying for these additional funds.</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>\$1,092.00</td><td>Percentage of total grant:</td><td><u>1.05</u>%</td><td>Hard</td><td><u>100</u>%</td><td>Soft</td><td>___%</td></tr><tr><td>2nd year</td><td>\$1,093.00</td><td>Percentage of total grant:</td><td><u>1.05</u>%</td><td>Hard</td><td><u>100</u>%</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. ___</p> | | | 1st year | \$1,092.00 | Percentage of total grant: | <u>1.05</u> % | Hard | <u>100</u> % | Soft | ___% | 2nd year | \$1,093.00 | Percentage of total grant: | <u>1.05</u> % | Hard | <u>100</u> % | Soft | ___% | 3rd year | \$ | Percentage of total grant: | ___% | Hard | ___% | Soft | ___% |
| 1st year | \$1,092.00 | Percentage of total grant: | <u>1.05</u> % | Hard | <u>100</u> % | Soft | ___% | | | | | | | | | | | | | | | | | | | |
| 2nd year | \$1,093.00 | Percentage of total grant: | <u>1.05</u> % | Hard | <u>100</u> % | 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?
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 0.4 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.
 MS 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

Roger A. Edelmann

Accounting Coordinator's Signature

April 25, 1997

Date

Douglas A. Williams

Executive Budget Officer's Signature

April 28, 1997

Date

APPLICATION FOR FEDERAL ASSISTANCE

| | | | |
|---|--|------------------------------------|------------------------------------|
| 1. TYPE OF SUBMISSION: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction </div> <div style="width: 45%;"> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div> | | 2. DATE SUBMITTED | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier T005759-97-1 |

| | |
|---|---|
| 5. APPLICANT INFORMATION | |
| Legal Name: MINNESOTA POLLUTION CONTROL AGENCY | Organizational Unit: WATER QUALITY DIVISION |
| Address (give city, county, state and zip code): 520 LAFAYETTE ROAD, ST. PAUL, MINNESOTA 55155 | Name and telephone number of the person to be contacted on matters involving this application (give area code) Steve Duerre (612/296-9264) |

| | |
|---|--|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 4 1 - 6 0 0 7 1 6 2 | 7. TYPE OF APPLICANT: (enter appropriate letter in box) A |
| 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(s): A C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____ | A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____ |

| | |
|---|---|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 - C W T TITLE: Clean Water Training | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Treatment Operator Training Twelve (12) month Project/Budget Period extension and increase o award |
|---|---|

| | |
|---|--|
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) STATEWIDE | |
|---|--|

| | | | |
|------------------------|-------------------------|---------------------------------|-------------------|
| 13. PROPOSED PROJECT: | | 14. CONGRESSIONAL DISTRICTS OF: | |
| Start Date 10/01/96 | Ending Date 12/31/98 | a. Applicant ALL | b. Project ALL |

| | | |
|------------------------|---------------|--|
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO: <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| a. Federal | \$ 86,500.00 | |
| b. Applicant/STATE | \$ 17,185.00 | |
| c. State | \$.00 | |
| d. Local | \$.00 | |
| e. Other | \$.00 | |
| f. Program Income | \$.00 | |
| g. Total | \$ 103,685.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No |

| | | |
|---|---------------------------------|-------------------------------------|
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | |
| a. Typed Name of Authorized Representative Peder A. Larson | b. Title Commissioner | c. Telephone number 612 296 7301 |
| d. Signature of Authorized Representative | | e. Date Signed |

APPLICATION FOR FEDERAL ASSISTANCE (Short Form)

T005759-97-1 [Operator Training]

PART II - BUDGET DATA

| OBJECT CLASS CATEGORIES | CURRENT APPROVED BUDGET (a) | CHANGE REQUESTED (b) | NEW OR REVISED BUDG (c) |
|-------------------------|-----------------------------------|-------------------------|----------------------------|
| 1. PERSONNEL | 37,090 | 15,485 | 52,575 |
| 2. FRINGE BENEFITS | 7,790 | 3,250 | 11,040 |
| 3. TRAVEL | 0 | 10,200 | 10,200 |
| 4. EQUIPMENT | 0 | 0 | 0 |
| 5. SUPPLIES | 0 | 5,350 | 5,350 |
| 6. CONTRACTUAL | 0 | 3,000 | 3,000 |
| 7. CONSTRUCTION | 0 | 0 | 0 |
| 8. OTHER | 0 | 0 | 0 |
| 9. TOTAL DIRECT CHARGES | 44,880 | 37,285 | 82,165 |
| 10. INDIRECT CHARGES 1/ | 15,120 | 6,400 | 21,520 |
| 11. TOTAL | 60,000 | 43,685 | 103,685 |
| 12. FEDERAL SHARE | 45,000 | 41,500 | 86,500 |
| 13. NON-FEDERAL SHARE | 15,000 | 2,185 | 17,185 |
| 14. PROGRAM INCOME | 0 | 0 | 0 |

15. DETAIL ON INDIRECT COSTS

TYPE OF RATE (mark one box)

☐

PROVISIONAL

☐

PREDETERMINED

☐

FINAL

☒

FIXED

RATE

%

BASE \$

TOTAL AMOUNT \$

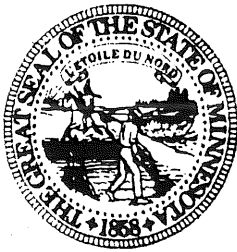
PART III

PROGRAM NARRATIVE STATEMENT

(Attach additional sheets, if necessary)

1/ For this \$41,500 amendment, the current MN St FY97 Indirect Rate of 34.16% is used.

Note - Indirect charges are established each St FY. Please refer to the latest Financial Status Report (FSR) for information on specific Indirect Rates by St FY.



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

Policy Note

Notice of Application for
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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): USFWS / Dept of Interior | | | | | | | | | | | | | | | | |
| Title of Project/Proposal: Wild Bird Conservation Projects Application to the Natl Fish & Wildlife Foundation 15.XXX | | | | | | | | | | | | | | | | | | |
| Federal Catalog Number: 15.XXX | | | | | | | | | | | | | | | | | | |
| Appropriation New | | | | | | | | | | | | | | | | | | |
| 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: 6/1/97 End Date: 6/1/99 Funding Amount: FY98 \$25,000 FY99 \$30,000 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. Nongame wildlife program had complete latitude to develop a project package of 9 projects.</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 projects will provide conservation benefits to Minnesota songbirds through habitat protection, habitat management, research, survey and education activities.</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 proposed program provides operational money for the nongame Wildlife program in the DNR to benefit songbirds.</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>\$ 18,150</td><td>Percentage of total grant: 42 %</td><td>Hard 100%</td><td>Soft ___%</td></tr><tr><td>2nd year</td><td>\$ 21,700</td><td>Percentage of total grant: 42 %</td><td>Hard 100%</td><td>Soft ___%</td></tr><tr><td>3rd year</td><td>\$</td><td>Percentage of total grant: ___%</td><td>Hard ___%</td><td>Soft ___%</td></tr></table> <p>Check here if no match is required. ___</p> | | | | 1st year | \$ 18,150 | Percentage of total grant: 42 % | Hard 100% | Soft ___% | 2nd year | \$ 21,700 | Percentage of total grant: 42 % | Hard 100% | Soft ___% | 3rd year | \$ | Percentage of total grant: ___% | Hard ___% | Soft ___% |
| 1st year | \$ 18,150 | Percentage of total grant: 42 % | Hard 100% | Soft ___% | | | | | | | | | | | | | | |
| 2nd year | \$ 21,700 | Percentage of total grant: 42 % | Hard 100% | 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?
Short-term commitment to fulfill obligations to complete 9 projects per year.
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. Not required.
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

4-22-97

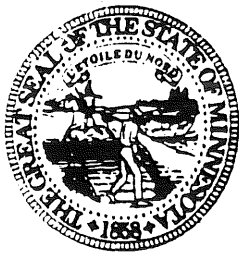
Date



Executive Budget Officer's Signature

4-22-97

Date



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

Policy Note

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| | | | | | | | | | | | | | | |
|--|---|---|-------------|---------------------------------|-----------|-----------|-------------|---------------------------------|-----------|-----------|-------------|---------------------------------|-----------|-----------|
| Department Name: DTED through U.S. Housing & Urban Development Title of Project/Proposal: Application for Community Development Block Grant Disaster Funds Federal Catalog Number: 14.228 | | 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: Date of Approval End Date: 12-31-99 Funding Amount: \$25 million+ FTE: 2 | | | | | | | | | | | | |
| <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. See Attachment.</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. See Attachment.</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. See Attachment.</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. See Attachment.</p> <table><tr><td>1st year \$</td><td>Percentage of total grant: ___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>2nd year \$</td><td>Percentage of total grant: ___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>3rd year \$</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?
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. 22.7 %
- 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 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.
116J.401 (2) and 116J.035 (b) and (f)
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Archie Challen
Accounting Coordinator's Signature

David M. Munn
Executive Budget Officer's Signature

4-24 97
Date

4/28/97
Date

1. DTED is pursuing a federal appropriation for the Community Development Block Grant (CDBG) program administered through the U.S. Department of Housing and Urban Development to address recovery projects necessitated by the 1997 flood. If congress appropriates funds for CDBG flood projects, DTED will prepare application materials in the form and manner prescribed by HUD. DTED will distribute the funds in accordance with the plans and priorities of a multi-agency federal and state long range flood recovery response team.

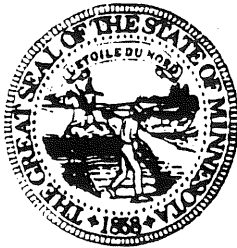
The actual amount of CDBG funding is unknown at this time. We would expect a minimum of \$25 million, however.

The purpose for submitting a Policy Note at this time is to secure legislative approval to receive and distribute CDBG disaster response funds in a timely manner.

2. The purpose of the proposed grant is to distribute the funds to local units of government for repair and replacement projects following the 1997 flood. Use of the funds would be limited to federally declared disaster counties within the state. CDBG funds would be coordinated with other federal and state funds and be used to fill financial gaps left by other programs. A long range flood recovery response team, comprised of officials from several state and federal agencies including HUD, will cooperatively review applications and coordinate project funding. It is anticipated that CDBG funds will be used finance housing rehabilitation, commercial rehabilitation, infrastructure replacement, acquisition and relocation of flood prone structures, storm or flood control structures and new housing construction projects.

3. The proposed program is similar to, but not the same as, the Small Cities Development Program (SCDP) administered by DTED. The SCDP is also financed by federal CDBG funds, so most program rules and regulations would be identical. The difference is that federal supplemental disaster appropriations usually customize program requirements to make them more applicable to disaster recovery efforts. As stated previously, the proposed program will be coordinated with existing programs through the multi-agency long range flood recovery response team.

4. DTED does not anticipate a matching requirement for this grant request.



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| | | | | | | | | | | | | | | |
|---|---|---|-------------|---------------------------------|-----------|-----------|-------------|---------------------------------|-----------|-----------|-------------|---------------------------------|-----------|-----------|
| Department Name: DTED Dept. of Commerce-EDA Title of Project/Proposal: "Innovations in Economic Development: The Evolving Direction.." Summit Federal Catalog Number: 11.305 | | 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 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: \$ 20,000 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. The application was prepared for DTED by the Humphrey Institute. DTED is serving as a pass through for EDA funds to the Humphrey Institute.</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 will fund the written proceedings to the "Innovations in Economic Development: The evolving direction of Economic Development in the New Economy" Summit held at the U of M. The state & local policy program at the Humphrey Institute is the co-sponsor.</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 conference will convene staff & local policy makers, economic development practitioners, & elected officials from across the country to exchange cutting edge techniques that encourage regional & local economic development in a changing economy.</p> <p>4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.</p> <table><tr><td>1st year \$</td><td>Percentage of total grant: ___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>2nd year \$</td><td>Percentage of total grant: ___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>3rd year \$</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"/> X</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.

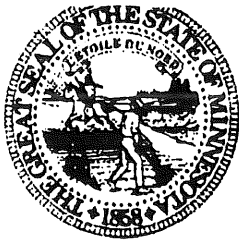
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant? DTED has been asked by EDA to pass these funds through to the Humphrey Institute. Short and long term commitments to DTED are minimal.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. _____ %
- c. If rate charged is different than agency's approved rate, indicate reason. 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.
M.S.116J.402
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Mary Challen
Accounting Coordinator's Signature

7-30-97
Date

Stewart McNeill
Executive Budget Officer's Signature

5/1/97
Date



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

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| | | | |
|--|--|--|--|
| Department Name: Economic Security | | Type of Grant: | |
| Title of Project/Proposal: Disaster Unemployment Insurance | | <input type="checkbox"/> New | |
| Federal Catalog Number: 17.225 | | <input type="checkbox"/> Continuation | |
| | | <input checked="" type="checkbox"/> Other (if other, please explain): Supplement (Increase) | |

| | | |
|---|---|------------------------------------|
| 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 type="checkbox"/> Pre-Application | | Start Date: April 23, 1997 |
| <input type="checkbox"/> Application | | End Date: June 30, 1998 |
| <input type="checkbox"/> Negotiation | If yes, state the page and current budget volume for reference. | Funding Amount: \$3,000,000(Admin) |
| <input checked="" type="checkbox"/> Awarded | | FTE:50 |

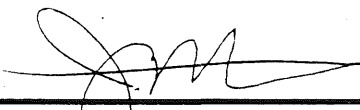
- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Eligibility and geographic areas to be served are prescribed by the U.S. Department of Labor .
- Summarize 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 Disaster Unemployment Assistance Program is to assist those individuals who have suffered the loss of, or interruption of, their primary means of income and livelihood due to a major disaster. It is estimated that 15,000 applicants will receive assistance for up to 26 weeks. This funding requested above does not include Federal money (Approximately \$20,000,000) to be paid in benefits. This money is directly appropriated to the Unemployment Insurance Trust Fund (a non MAPS account) for this purpose.
- 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 same program delivery structure as the current Reemployment Insurance Program will be utilized. Some mobile offices will be used and MDES employees will be placed in transient status to staff these locations in addition to staff in FEMA Centers.
- 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 ___% |

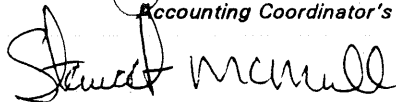
Check here if no match is required. ☒

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. 8 % Bothe MDES and State indirect costs are included as a function of State administrative salaries.
 - 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? 50 New ☐ Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off? ☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant. MS 268, Sec 012
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

4/25/97

Date

4/28/97

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: Economic Security | | Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): Increase(Supplement) | |
| Title of Project/Proposal: JTPA, Title III EDWA Dislocated Worker Flood Relief Project | | | |
| Federal Catalog Number: 17.246 | | | |

| | | |
|---|---|--|
| 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: April 22, 1997 End Date: April 30, 1998 Funding Amount: \$8,000,000 FTE: 3 |
|---|---|--|

- 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.

Allowable activities and amounts expended by cost category are prescribed by the U.S. Department of Labor.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
Provides additional funds to the existing federal JTPA Title III Dislocated Worker Program to create temporary jobs for disaster victims to work primarily on public restoration projects in areas affected by the flood disaster. Approximately 850 Persons(FTE's)will be hired to work for 26 weeks on projects.
- 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.
Eligibility and program deliverers are those authorized under existing Title III EDWAA Dislocated Worker Program; however the areas of service are limited to the geographic area affected by the flood. Allowable activities have been expanded to include temporary jobs to eligible disaster victims to restore public infrastructure and services to enable regular business and employment activities to resume. Private/non profit and private property may be restored under extenuating circumstances on a case by case basis.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

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

Check here if no match is required. ☒ X

FI-00211-04 (6-96) OVER

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

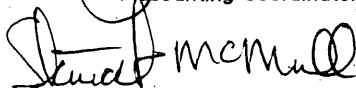
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If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

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8 % Both MDES and State indirect costs are included as a function of State administrative salaries.

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? 3 New ☐ Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?
☐ Yes ☒ No
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant. MS 268, Sec 0122
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

4/25/97

Date

4/28/97

Date

U.S. DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING ADMINISTRATION

PAGE 1

NOTICE OF OBLIGATION

NOO # 27-96-05

GRANTEE: STATE OF MINNESOTA
DEPARTMENT OF ECONOMIC SECURITY
190 NORTH ROBERT STREET

ST. PAUL MN 55101

GRANTOR: U.S. DEPARTMENT OF LABOR
EMPLOYMENT & TRAINING ADM./OGCM/DAA
ROOM S-4203
200 CONSTITUTION AVE., N.W.
WASHINGTON, D.C. 20210

CONTACT: DIVISION OF ACQUISITION AND ASSISTANCE 202-219-7092

THIS NOTICE OF OBLIGATION PROVIDES FUNDING AUTHORITY FOR THE GRANT
AND TITLE(S) SHOWN BELOW, UNDER THE TERMS OF THE JOB TRAINING
PARTNERSHIP ACT (JTFA) GRANT AGREEMENT.

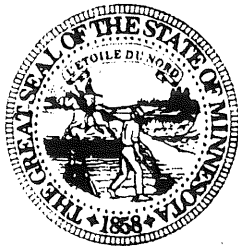
GRANT AGREEMENT #: A-5851-6-00-87-50

FUNDING SUMMARY

| TITLE/PY OR FY | PRIOR LEVEL | CHANGE THIS NOO | NEW LEVEL |
|--------------------------------|--------------|-----------------|--------------|
| TITLE II/III COMBINED PY 96 | \$15,394,280 | \$0 | \$15,394,280 |
| TITLE IIB FY 97 | \$7,748,557 | \$0 | \$7,748,557 |
| TITLE III DISC EDWAA PY 96 | \$2,260,000 | \$8,000,000 | \$10,260,000 |
| TOTAL FEDERAL OBLIGATION: | \$25,402,837 | \$8,000,000 | \$33,402,837 |

APPROVED BY: 
JAMES C. DELUCA
GRANT OFFICER

DATE SIGNED: 4/24/97



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: Economic Security | | Type of Grant: |
| Title of Project/Proposal: Community Services Block Grant-Flood Relief | | <input type="checkbox"/> New |
| Federal Catalog Number: 93.569 93.003 | | <input type="checkbox"/> Continuation |
| | | <input checked="" type="checkbox"/> Other (if other, please explain): Supplement |

| | | |
|--|--|---|
| 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: Date of Approval End Date: 9/30/97 Funding Amount: \$10,000,000 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.
Application and discretion will be prescribed by HHS and applicable federal law. Congress has not appropriated any funds.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
Provide low income Minnesotans referral services, financial counseling, assistant in working with contractors, insurers and landlords, home repairs, reconnect fees, emergency food and clothing.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.
Program would supplement the existing CSBG but would be for disaster relief in 53 counties declared as disaster areas. Community Action agencies and Head Start agencies in western, northwestern, and central Minnesota are affected. This program will transfer to DCFL on 7/1/97. Any remaining appropriation will be transferred to DCFL.

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.

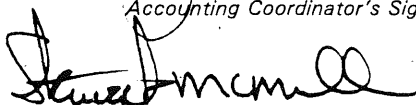
| | | | | |
|----------|----|---------------------------------|-----------|-----------|
| 1st year | \$ | Percentage of total grant: ___% | Hard ___% | Soft ___% |
| 2nd year | \$ | Percentage of total grant: ___% | Hard ___% | Soft ___% |
| 3rd year | \$ | Percentage of total grant: ___% | Hard ___% | 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. 8 % Both MDES and State Indirect costs will be included as a function of state administrative salaries.
- 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 _____ 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 268, Sec. 0122
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

4/29/97
Date

4/29/97

Date



Minnesota Department of Economic Security

Formerly the Department of Jobs and Training

390 North Robert Street • St. Paul, Minnesota 55101

(612) 296-8004 • TTY/TDD (612) 296-2796 • FAX (612) 296-5745

Community Based Services

April 24, 1997

Donald Sykes, Director
Office of Community Services
Administration for Children and Families
Department of Health and Human Services
370 L'Enfant Promenade, S. W.
Washington, D.C. 20447

FILE COPY

Dear Mr. Sykes:

The Minnesota Department of Economic Security is increasing its request to \$10 million for Community Services Block Grant Funds to provide emergency assistance to low-income Minnesotans affected by the flood.

President Clinton has now declared 53 counties to be federal disaster areas. Community Action and Head Start agencies in western, northwestern and central Minnesota are affected including:

Northwest Community Action
Tri-Valley Opportunity Council
Inter County Community Council
Mahube Community Council
Clay-Wilkin Opportunity Council
Otter Tail-Wadena Community Action Council
White Earth Reservation Tribal Council
Midwest Farmworker Employment and Training, Inc.

West Central Minnesota Communities Action
Tri-County Action Program
Prairie V Community Action
Heartland Community Action Agency
Western Community Action
Minnesota Valley Action Council
Scott-Carver-Dakota CAA.
Lower Sioux Agency

We learned from our experience with the 1993 flood that a wide range of activities are urgently needed as soon as the flood waters recede. In many cases, a small amount of emergency assistance can prevent the devastating loss of homes and jobs if it can be made available in a timely fashion. Low-income Minnesotans in particular need assistance accessing the confusing array of federal, state and local programs that might be available. Additionally, they need help working with insurers, landlords and contractors. Many need financial counseling and case management. The agricultural season will be delayed and migrant farmworkers will have no resources. The use for these funds will include the purchase of home repairs, deposits and reconnect fees, emergency food and clothing, appliances, household goods, auto repair and cleaning supplies.

• *Helping Minnesotans help themselves achieve economic security* •

Donald Sykes

4/24/97

Page 2

I am sure that you have seen many national news stories that have displayed the plight of our people. Please help us soon. We are desperate.

Thank you for your help with this urgent request. If you need any additional information, please call.

Sincerely,

Connie Greer

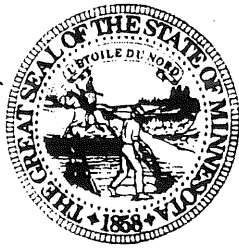
Office of Economic Opportunity

Minnesota Department of Economic Security

cc: Senator Paul Wellstone
Senator Rod Grams
Commissioner R. Jane Brown
Commissioner Bob Wedl

bcc: Community Action and Head Start
agencies in western, northwestern
and central Minnesota

G:\UNIT\SS\SMBONNIW\CONNIE\SYKESFL.WPD



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: Economic Security | | Type of Grant: |
| Title of Project/Proposal: JTPA Title IIB (Summer Youth Employment and Training Program) Flood Relief Supplement | | <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Other (if other, please explain): Supplement (Increase) |
| Federal Catalog Number: 17.250 | | |

| | | |
|--|--|---|
| 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: Upon approval End Date: 9/30/97 Funding Amount: \$3,000,000 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. Application will prescribe allowable activities. Waivers may be requested which would extend participant age eligibility, waive income guidelines and operate the program in areas where schools are closed due to flood conditions. Congressional appropriation is required.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.
Provides disadvantaged youth jobs which address unmet human service, public safety environmental and educational needs. Programs are designed to integrate work and learning.

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.
Supplements the existing Title IIB Summer Youth Employment program. Eligibility would be restricted to the counties declared a disaster area.

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.

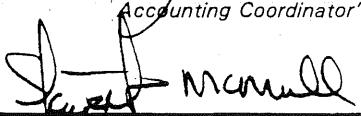
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$_____.
b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If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

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8 % Both MDES and State Indirect costs are included as a function of state administrative salaries.

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 _____ 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.

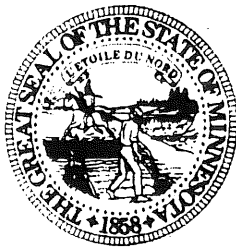
MS 268, Sec. 0122
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No


Accounting Coordinator's Signature


Executive Budget Officer's Signature

4/29/97
Date

4/29/97
Date



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

Policy Note

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| | | |
|--|--|---|
| Department Name: Economic Security | | Type of Grant: |
| Title of Project/Proposal: Low Income Housing Energy Assistance Program (LIHEAP) | | <input type="checkbox"/> New |
| Federal Catalog Number: 93003 | | <input type="checkbox"/> Continuation |
| | | <input checked="" type="checkbox"/> Other (if other, please explain): Supplement (Increase) |

| | | |
|--|---|--|
| 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 Yes If yes, state the page and current budget volume for reference. | This award/proposal: Start Date: Upon approval End Date: 9/30/97 Funding Amount: \$30,000,000 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. Allowable activities will be prescribed by HHS. Certain waivers may be requested to allow more home repair activities. Emergency Energy Assistance money may be released by the President without Congressional approval.

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 assist low income households recovering from the floods. In addition to emergency heating, energy assistance funds could be used to repair furnaces, water heaters, and energy delivery systems.

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.
Supplements existing LIHEAP program, but would be limited to the counties declared disaster areas. This program will transfer to DCFL on 7/1/97. Any remaining appropriation will be transferred to DCFL.

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.

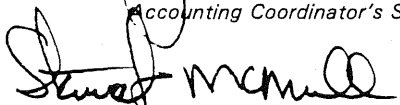
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
a. If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

b. If indirect costs are included in the proposal, indicate the indirect cost rate. 8 % Both MDES and State indirect costs are included as a function of State administrative salaries.

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 _____ 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.

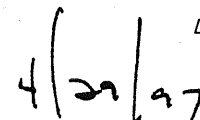
MS 268, Sec. 0122
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Accounting Coordinator's Signature



Executive Budget Officer's Signature

Date



Date



Minnesota Department of Economic Security

Formerly the Department of Jobs and Training

390 North Robert Street • St. Paul, Minnesota 55101

(612) 296-3711 • TTY/TDD (612) 282-5909 • FAX (612) 296-0994

Office of the Commissioner

April 25, 1997

Ms. Jan Fox
Division of Energy Assistance
Office of Community Services, ADF.HHS
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

Dear Ms. Fox:

The Minnesota Department of Economic Security is again requesting additional LIHEAP contingency funds to assist low income and senior households in recovering from our catastrophic floods. We are increasing our request to \$30 million. As the waters recede and people return to their homes, they have immediate needs which will not be easily met by the disaster relief programs.


These funds would be administered by our statewide network of local community action agencies according to our current State LIHEAP plan. Many displaced families have been without their incomes for several weeks, and may well qualify for help with their utility bills. These are costs that are not covered by disaster relief, but are clearly important if a family is to regain its self-sufficiency and stability. The harsh winter has almost depleted our regular LIHEAP funds, and we will not be able to serve additional families.

LIHEAP funds would also be used to repair or replace furnaces, water heaters, insulation and energy delivery systems. Such activities would reduce the amount of an SBA loan required to make the home livable, and would insure that the household could move back home quickly. The heating systems in the flooded areas are virtually destroyed. Flood victims can apply for FEMA help, but in most cases this will result in a low interest SBA loan. Seniors and working poor families are hesitant to borrow money, and in many cases, they will have mortgages which far exceed the market value of their homes. Several lenders have expressed concern that families will simply walk away from their property rather than incur more debt.

I understand that HHS is hesitant to set precedent in releasing contingency funds in a disaster. However, the flooding in Minnesota is "unprecedented" and hopefully will not occur again in 500 years. Our people desperately need help.

Please let me know your decision as soon as possible.

Sincerely,


Mark Kaszynski, Director
Energy Programs



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

FINANCE:# 2/ 3

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: Minnesota Housing Finance Agency | | Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): |
| Title of Project/Proposal: HOME Investment Partnership Program for disaster areas | | |
| Federal Catalog Number: 14.239 | | |

| | | |
|--|--|---|
| 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: June 30, 1999 Funding Amount: \$ 10,000,000 FTE: 1.0 |
|--|--|---|

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.
Have not yet applied. Congress has not yet appropriated any funds.

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.
Repair low income housing damaged by the floods of 1997.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The program would supplement existing programs funded by the state and federal appropriations, but would be targeted for disaster relief. The program would be delivered locally by the same entities delivering existing programs, enhancing program coordination. Some federal requirements may be waived.

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. Match is 25%, but this has always been waived for funds expended in disaster areas.

| | | | |
|-------------|----------------------------------|------------|------------|
| 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. See preceding explanation.

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?
To the extent funds are used to repair rental housing, the agency will be required to monitor for affordability and housing quality for a period of from 5 to 15 years, depending on the amount of HOME funds expended.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
 - a. If indirect costs are not included in the proposal, indicate reason.
Amounts permitted for costs are insufficient to cover even direct costs.
 - 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 Not applicable.
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.

462A.05 Subd. 11; Subd. 12
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Patricia Hopper

Finance Director's Signature

Stewart McMill

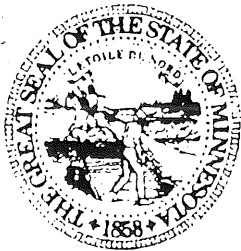
Executive Budget Officer's Signature

4-25-97

Date

4/29/97

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: Administration/DD Council | | Type of Grant: Federal | |
| Title of Project/Proposal: Replication of Leadership Programs Throughout the United States | | <input checked="" type="checkbox"/> New | |
| Federal Catalog Number: Unknown | | <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: October 1, 1997 End Date: September 30, 2000 Funding Amount: \$ 125,000/year FTE: Not expected. |
|--|--|--|

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

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

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

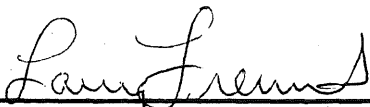
See Attached.
- Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

| | | | | | | | |
|----------|-----------|---------------------------|------|------|-------|------|------|
| 1st year | \$ 31,250 | Percentage of total grant | 25 % | Hard | ___ % | Soft | 25 % |
| 2nd year | \$ 31,250 | Percentage of total grant | 25 % | Hard | ___ % | Soft | 25 % |
| 3rd year | \$ 31,250 | Percentage of total grant | 25 % | Hard | ___ % | Soft | 25 % |

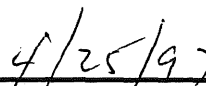
Check here if no match is required. ☐

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

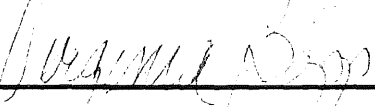
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- None.
6. Are indirect costs included in the proposal? ☒ Yes ☐ 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. 1.5 %
- 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.
- Minn.Stat. § 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



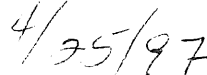
Accounting Coordinator's Signature



Date



Executive Budget Officer's Signature



Date

**Notice of Application for
Federal Grant Assistance**

1. The FFY 1997 proposed priority areas for Projects of National Significance were announced in the April 16, 1997 issue of the Federal Register. The Council will apply for funds if the proposed priority area "Technical Assistance and Knowledge Transfer on Self Determination and Responsible Leadership by and for Individuals with Developmental Disabilities and Families of Children with Developmental Disabilities" is selected for funding. Closing date for the public comment period is June 16, 1997; final priority areas and solicitation of applications will follow.

2. The purpose of this grant would be to sustain responsible leadership by and for people with developmental disabilities and families of children with developmental disabilities. Developing competent leadership is critical to shaping and guiding the design and implementation of public policies and practices that result in the increased independence, productivity, integration and inclusion of people with developmental disabilities and their families into the community.

The Council would apply for funds for Partners in Policymaking.

3. Partners in Policymaking is a skill based, competency based, and value based community leadership program created by the Minnesota Governor's Council on Developmental Disabilities in 1987. The program is unique. Partners in Policymaking and the materials/resources related to quality replication of the program are original works of authorship and subject to copyright protection.



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Policy Note

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Federal Grant Assistance

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|---|--|--|-----------|-------------|--------------------------------|-----------|-----------|-------------|--------------------------------|-----------|-----------|-------------|--------------------------------|-----------|-----------|
| Department Name: Attorney General | | Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): | | | | | | | | | | | | | |
| Title of Project/Proposal: Joint Project to control Fraud & Abuse by Ancillary Service Providers Federal Catalog Number: Federal Register 3/26/97 FR Doc. 97-7581 | | | | | | | | | | | | | | | |
| 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: 1-1-98 End Date: 12-31-98 Funding Amount: \$ 352,500 FTE: 3.0 unclassified | | | | | | | | | | | | | |
| <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>see Attachment</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>see Attachment</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>see Attachemnt</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>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>2nd year \$</td><td>Percentage of total grant:___%</td><td>Hard ___%</td><td>Soft ___%</td></tr><tr><td>3rd year \$</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.

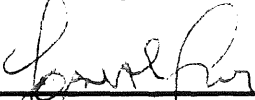
5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year _____ and the amount \$ _____.
- b. What short and long term commitments is the state making by acceptance of this grant?
- One year investigation, identification and action to eliminate abusive and fraudulent billing practices by ancilliary service providers who render care in long term care facilities.
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 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
- n/a
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 3.0 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.
- MS 004.07.003
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature

4-29-97

Date



Executive Budget Officer's Signature

4/29/97

Date

Attachment

Policy Note

Project: Joint Project to Control Fraud and Abuse by Ancillary Service Providers in Long-term Care

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 areas.

The federal notice required:

- proposal must come from an agency currently involved in fraud and abuse control;
- must advance to objectives of the Federal Fraud and Abuse Control Program;
- must propose to supplement, not supplant current funding; and
- must undertake a new activity.

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 facilitate enforcement of laws relating to health care fraud and abuse, using new investigations, auditing or evaluation techniques. Our goal is identify and eliminate fraud & abuse by ancillary service providers in long-term facilities. Finding and resulting remedial actions will be reported at the end of the year-long project.

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

The investigative process is similar to what DHS SIRS staff does currently, but this proposal uses a broader team effort and intensive concentration in a particular area. It is also innovative in its close coordination of activities by DHS staff and the Attorney General's health care and medicaid fraud units.

A PROPOSAL
TO
IDENTIFY AND TARGET FOR ELIMINATION
FRAUD AND ABUSE
BY ANCILLARY SERVICE PROVIDERS
IN LONG TERM CARE FACILITIES
TO THE
OFFICE OF INSPECTOR GENERAL, DHHS
FROM
THE SURVEILLANCE AND INTEGRITY REVIEW SECTION
OF THE MINNESOTA DEPARTMENT OF HUMAN SERVICES
AND
THE MINNESOTA ATTORNEY GENERAL'S OFFICE
MEDICAID FRAUD CONTROL UNIT
AND
HEALTH CARE FRAUD UNIT

APRIL 24, 1997

PROJECT TO IDENTIFY AND TARGET FOR ELIMINATION
FRAUD AND ABUSE
BY ANCILLARY SERVICE PROVIDERS
IN LONG TERM CARE FACILITIES

SUMMARY STATEMENT

This proposal is a request to the Office of Inspector General from the Surveillance and Integrity Review Section (SIRS) of the Minnesota Department of Human Services for funding for a one year project to identify, investigate, and target for elimination fraud and abuse by ancillary health care providers rendering services to individuals in long term care facilities in Minnesota.

Minnesota SIRS is seeking \$310,000 for this project. The project would involve a concentrated effort, using a team of individuals with diverse training, to conduct investigations of the ancillary services provided to residents of long term care facilities whose care is reimbursed in whole or in part under the health care programs administered by the Department of Human Services.

In conjunction with that proposal, the Minnesota Attorney General's Office submits this proposal to the Office of Inspector General to work with the SIRS Unit and follow through on the referrals for further investigation and prosecution of those providers who are engaging in fraud. The Attorney General's Office is seeking \$352,500 for this one year project. The project would involve a concentrated effort, using a team of auditors, investigators and an attorney, to conduct criminal investigations and subsequent prosecution of ancillary service providers whose patterns and practices in long term care facilities have been identified by the SIRS Unit of the Department of Human Services. The Medicaid Fraud Control Unit would work on those cases which involve Medicaid as the payment source. The Health Care Fraud Unit of the Attorney General's Office would work on all of the other cases, including the MinnesotaCare program, the Minnesota Family Investment Program, General Assistance Medical Care and private pay or third party insurance payments.

Each year, more and more public funds are directed to pay for the health care of our aging population. A large portion of those public funds are expended in caring for individuals who reside in long term care facilities. Services needed in addition to ongoing nursing care, such as physical therapy, occupational therapy, speech therapy, mental health services, medical transportation, dental care, and pharmacy services, are often provided by independent providers rather than by the long term care facility and are billed separately to the Department of Human Services. Between fiscal year 1994 and fiscal year 1996, the number of residents in nursing facilities who received physical therapy, occupational therapy, and speech therapy increased by 60 percent. This project would allow SIRS and the Attorney General's Office to concentrate efforts to identify and eliminate fraud and abuse in this rapidly expanding area.

SURVEILLANCE AND INTEGRITY REVIEW PROGRAM AND ACCOMPLISHMENTS

The Minnesota Department of Human Services, through its Surveillance and Integrity Review Section (SIRS), has an effective and efficient program to ensure integrity of the Minnesota Health Care Programs (MHCP). The Surveillance and Integrity Review Section, formed in 1975, pursuant to federal mandate, reviews health care services rendered to MHCP clients and evaluates the appropriateness of expenditures for those services. Since its inception, the section has identified and recovered millions of dollars in overpayments of MHCP funds, imposed program sanctions against abusive and fraudulent providers of health care, provided education to audited providers, referred providers to prosecuting or licensing authorities for appropriate action, and provided the Department with program or policy proposals to stem the increase of fraudulent or abusive activities.

The primary function of SIRS is to conduct statewide post-payment review of MHCP claims, for purposes of identifying fraud, abuse, and erroneous overpayments. Because of the tremendous volume of claims, not every claim or every provider can be reviewed. A limited number of providers and a limited number of claims must be chosen for review. This selection is accomplished by several methods. The primary source of information for selecting providers or claims to be reviewed is through exception profiling. Computer generated reports identify patterns of practice that are outside the norms of a provider peer group. These reports are run quarterly on all provider types and approximately 70 providers are selected for audit per quarter. Other referrals originate from a recipient hotline, county human service agencies, other divisions of DHS, providers and provider employees, federal agencies, and other state agencies (including licensing boards).

The SIRS staff which is dedicated to auditing and investigating providers are registered nurses, former law enforcement officers, and auditors. The investigators work independently or in teams of two to review paid claims data (to identify areas of possible misbilling), conduct field audits, interview persons with relevant information, draft investigative reports, and recommend actions based on audit findings. At the direction of the SIRS manager, and following a review by a legal specialist (if needed), the investigators initiate provider education, monetary recovery, the imposition of sanctions, or referrals to other appropriate entities.

Minnesota SIRS has long been nationally recognized for its expertise and innovative methods. Its successful operation has made it a role model for other state SIRS units. Minnesota SIRS is an active participant in the National Organization of Surveillance Officials. In 1990, Minnesota SIRS was identified by the Department of Health and Human Services as having three of the eight "best state practices" of all SIRS units in the nation. The Health Care Financing Administration also routinely refers other states to Minnesota SIRS when they have questions or problems.

ATTORNEY GENERAL'S OFFICE PROGRAMS AND ACCOMPLISHMENTS

The Minnesota Attorney General's Office certified its Medicaid Fraud Control Unit in 1984. Since that time the Unit has also recovered millions of dollars of Medicaid and other government program funds. It has obtained convictions and successfully settled civil suits against Medicaid providers throughout the State of Minnesota. The unit is relatively small, comprised of three lawyers, a Chief Investigator, three investigators, two CPA auditors, a paralegal and two secretaries. The unit is charged with using a team approach to investigating and prosecuting Medicaid providers who commit fraud against the program. It meets regularly with the SIRS Unit and engages in frequent and open communication about cases, trends and changes in policies and procedures.

The Minnesota Attorney General's Office started its Health Care Fraud Unit in 1993, designating two attorneys, one investigator, an auditor, and a secretary to the task of investigating and prosecuting insurance fraud and other health fraud cases in the state, including staged auto accidents, fictitious slip and fall cases, and provider fraud perpetrated against third party payers. This Unit has recently charged the first medical mill case in the State of Minnesota. In 1995, the Health Care Fraud Unit received a grant from the Bureau of Justice Assistance to increase its staffing. This unit was one of three pilot project states to receive funding to demonstrate that health care fraud that impacts the private health care delivery system can be effectively investigated and prosecuted at the state level. Funding under the BJA grant will end July of 1998.

THE NEED

While a large portion of Minnesota's Medicaid population has been enrolled in managed care plans, only a very few elderly and disabled persons are currently covered by pre-paid health plans. These persons will be the last to be transferred into managed care. For providers who have been eliminated by managed care plans, here is a population that is still vulnerable to fraudulent and abusive practices in the fee-for services setting.

The providers of ancillary services have a captive population in the long term care setting. In one stop, a provider can visit numerous patients, just by going door to door. Not only is the patient population very accessible, but by virtue of being "a captive audience" the population is very vulnerable. Many are not capable of comprehending what services they have or have not received. They do not necessarily recognize that the provider is not an employee of the long term care facility. Unlike recipients living independently, many long term care residents do not receive their explanations of medical benefits, detailing the services being reimbursed on their behalf, so there is no verification that the service billed was the service actually received.

The long term care facility, for its part, has no reason to object to the ancillary service provider's presence at the facility. Services provided by outside entities free up facility staff time. In some cases, the ancillary provider might offer remuneration, in the form of a kickback, to the facility for the opportunity to access this lucrative business. All these factors create a fertile environment for the seeds of fraud and abuse to germinate and grow.

The Attorney General's Office has discovered that no system exists to identify fraud in long term care between services included in cost reports and those billed separately to the Medicaid program. Long term care allows providers to engage in double billing by means of counting residents on their cost reports (whether Medicare or Medicaid) as recipients of ancillary services provided in-house, while allowing outside providers to bill the Medicaid program for ancillary individual services such as physical therapy, occupational therapy, speech therapy, mental health services, medical transportation, dental care, and pharmacy services. The Medicare claims which are adjusted by comparison in the Common Working File (CWF) are never reconciled against Medicaid claims. This lack of oversight provides a limitless opportunity for unscrupulous providers to double bill both programs and never get caught.

Family member complaints of medically unnecessary services in the area of psychological services, physical therapy, occupational therapy and speech therapy provided in nursing homes have skyrocketed. Providers claim that all residents are entitled to maximize "quality of life" by receiving these services, even if there is no prognosis for improvement. A systemic review of these services is necessary to recoup unnecessarily spent funds and to send a message to the provider community that someone, namely the State, is paying attention to the fraud and the abusive billing practices which are becoming rampant in the nursing home industry.

PROPOSED ACTIVITY

Presently, SIRS conducts investigations of health care providers. These investigations are done individually or by a team of two investigators. While the SIRS staff develop particular areas of expertise, they are not able to use the expertise to its fullest advantage because of the wide range of provider types that must be reviewed, and the numerous investigations that must be conducted each quarter, for federal auditing purposes.

This proposed project will allow SIRS staff to apply their investigative expertise, which has been developed over many years of experience, to conduct a much broader-based investigation of all ancillary services within a long term care facility and, at the same time, allow for a more in-depth investigation of particular billing practices. Since the project will require numerous investigations of similar provider types, it will allow the project staff to develop their own expertise in specialty areas and expand upon SIRS' current base of knowledge. The project staff will gain a broad knowledge base from which further investigative avenues will develop.

The initial stage of the project will be the development of audit guides by current SIRS lead investigative staff. Those guides, prepared for each ancillary service type, will direct the project staff in how to conduct the audit. It will identify information sources to be used during the audit, set forth audit protocol, contain checklists of data to be verified during the audit, and develop forms used to report audit results. Lead staff will modify and expand upon existing audit tools to create these guides. This initial stage, which would take approximately one month to complete, would be completed before any project staff were hired. Development of these guides could be done while applicants were being screened.

Another preparatory step to be completed by current SIRS staff would be the selection of the initial long term care facilities and ancillary service providers to be reviewed. This selection would be conducted using the same techniques that SIRS currently uses to select providers for the review. Those techniques include computer profiling, staff knowledge of areas of concern, interviews of program staff, complaints from the public, and random selection. This initial selection would provide review sites for the first few months of the project. As the project team's knowledge base increased, the selection process could be taken over by the team, with supervision by the SIRS lead investigators.

The second phase of the project would be the hiring and training of the project team. The team would be comprised of six individuals, with a range of expertise. The most desirable candidates for these positions would have backgrounds in rehabilitation therapy, nursing investigations, and auditing. One team position would be dedicated to providing research analysis and clerical support. Once on board, the project team would receive several weeks of intensive training from SIRS lead investigators, to assure compliance with the regulatory requirements under which SIRS activities must be conducted. Several on site trial reviews would be conducted under the direction of the SIRS lead investigators, with continued supervision for as long as was needed to assure that reviews would be complete and legally sound.

The third phase of the project would be the ongoing, day-to-day review of ancillary providers by the project team. Each investigation would follow standard investigative practices currently in place. Medical records pertinent to care or payment issues under review would be copied. As the need arose, consultants would be asked to review records and provide advice regarding practice issues. Investigative reports would be prepared by team members, for review by a SIRS lead investigator or manager. All proposals for action would need prior approval by the SIRS manager. Possible actions would include monetary recoveries, program sanctions, referrals to the Medicaid Fraud Control Unit for further investigation of potentially criminal wrongdoing, and to other appropriate agencies (e.g., licensing boards; accrediting entities), provider education, and proposal for policy changes. If particularly wide-ranging fraudulent activity were uncovered, DHS would seek help from the OIG, Department of Justice and the Minnesota Attorney General's Office Medicaid Fraud Control Unit and Health Care Fraud Unit. As currently occurs, all sanctions imposed by DHS would be reported to HHS and the Office of Inspector General, and all monetary recoveries would be credited to the appropriate funding sources.

The final phase of the project would be a detailed report by the project team of findings and actions taken, along with an evaluation of the successes and failures of the investigative activity. The team would be asked to make recommendations regarding the continued use of the team approach for investigative activities, as well as regarding the ways in which fraud and abuse might be curtailed in this setting. This report would be shared with HHS and the Office of Inspector General.

The Attorney General's Office component of the plan would not go into effect until the third phase of the SIRS proposal, where potentially fraudulent providers are identified and referred for further investigation and prosecution. Where particularly wide-ranging fraudulent activity is identified, such as a health system with related party subsidiaries providing the ancillary services in

the company's long term care and SIRS or waived facilities, the Medicaid Fraud Unit and the Health Care Fraud Unit would be available at the earliest stages possible to share resources and divide responsibilities of the investigation. Providers whose billing practices extend outside of long term care to all payers would be investigated by the Health Care Fraud Unit alone, or jointly with the MFCU when significant Medicaid billings are present.

All of the Units participating in this effort would designate staff who would be devoted to the project. All funds would be used for the project effort as a supplement to the current year's operating budget, and would not be used to supplant existing allocations for any of the component Units. Staff hires and temporary transfers to the project would be told the duration of the project and the uncertainty of continued funding when the project funding ceases.

Each of the Units involved in this application currently receive federal grants or matches for operation of their Units. Each is legally authorized to apply for and receive funds from governmental entities other than the State of Minnesota.

SIRS
ANNUAL PROJECT BUDGET

| | | |
|-----------------------------|----------------|------------------|
| Staff Salaries | | |
| 5 investigators | @\$40,000 each | \$200,000 |
| 1 research analyst/clerical | @25,000 | 25,000 |
| Travel Expenses | | |
| 2 rental vehicles | | 5,000 |
| lodging, etc. | | 30,000 |
| Supplies and Equipment | | |
| laptops, copiers | | 20,000 |
| Consultant fees | | 30,000 |
| TOTAL | | \$310,000 |

ATTORNEY GENERAL'S
ANNUAL PROJECT BUDGET

| | | |
|---|---------------|------------------|
| Staff Total Cost | | |
| 3 investigators/auditors | @\$82,500each | \$247,500 |
| 1 attorney | \$105,000 | \$105,000 |
| (Costs include all fringe benefits, indirect costs, training, expenses and supplies) | | |
| TOTAL | | \$352,500 |
| PROJECT TOTAL | | |
| TOTAL SIRS AND AGO | | \$662,500 |

EVALUATION

On an ongoing basis, as audits are conducted and completed, the SIRS manager and lead investigators will evaluate the performance and achievements of the project teams' day-to-day tasks. They will provide direction to the project team to assure a successful result. Quarterly, throughout the year long project, the SIRS manager, in consultation with the lead investigators, and members of the Attorney General's Office Team, will prepare a written evaluation of the successes and failings of the project. Success will be measured based on the number of audits completed, the abusive practices which have been identified and eliminated, the amount of overpayments recovered or identified, the number of referrals to licensing and prosecuting entities, and the recommendations for program or policy changes that have been developed. These evaluations and the final report of the project team will be sent to the Department of Justice and HHS at the end of the year.

Likewise, the Attorney General's Office (AGO) Team will regularly meet and confer with the SIRS Unit manager to discuss the progress of cases, the number and quality of referrals, whether appropriate sharing of resources (such as assistance with search warrants) has been successful, and methods of improving performance of the AGO Team.

THE FUTURE

If this project is successful in identifying and reducing, if not eliminating fraudulent and abusive activities, Minnesota SIRS and the AGO would seek continued funding for a continuation of the project or expansion of the project into other areas of health care where costs have risen dramatically.

Dated: April 23, 1997

Dated: April 23, 1997

MINNESOTA DEPARTMENT OF
HUMAN SERVICES

MINNESOTA ATTORNEY GENERAL'S
OFFICE

MARY KENNEDY
Director, Performance Measurement
and Quality Improvement

MARGARET CHUTICH
Deputy, Law Enforcement Section



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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain): |
| Title of Project/Proposal: Commercial Vehicle Information System Network | | |
| Federal Catalog Number: Unknown until Federal Highway approves Minnesota's CVISN Work Plan | | |

| | | |
|--|--|--|
| 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: 7/1/97 End Date: 6/30/98 Funding Amount: \$400,000 FTE: |
|--|--|--|

- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. There is no latitude or discretion as the amount will be determined by the work plan submitted to the Federal government. The Minnesota Steering Committee will submit request in April 97.
- 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. Minnesota is one of seven pilot states. The purpose of the grant is to set standard EDI transaction sets so that data will be easily exchanged between systems that regulate commercial vehicle operations. Develop interfaces to exchange the data.
- 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 program in place that allows electronic data interchange of data and standard EDI Transactions sets relating to Commercial vehicle operations nor are there interfaces in place.
- 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 ___% |

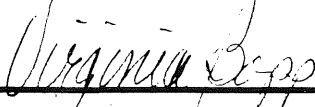
Check here if no match is required. ☒

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. _____ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
- X
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? _____ New _____ Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No *N/A*
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No *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. Minnesota Statute Section 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

05/28/97
Date


Executive Budget Officer's Signature

4/29/97
Date