

## **FFY 2006 EPCRA Planning and Administration Grant Procedures and Instructions**

### **1. Eligibility to Apply:**

Any Local Emergency Planning Committee (LEPC), as well as the County Emergency Management Offices, are jointly eligible to receive EPCRA Planning and Administration Grant funds.

### **2. Grant Period:**

The Planning and Administration Grant for 2006 will be from October 1, 2005 to September 30, 2006.

### **3. Grant Procedures:**

- The Planning and Administration Grant Application and annual Plan of Work Agreement for FFY 2006 shall be received by the appropriate Regional Office no later than **November 30, 2005**
- WEM approved grant amounts will be based upon either the designated grant formula, as determined for each county, or the budgeted LEPC grant request, whichever is less. WEM grant awards may not meet all of the actual expenses incurred during the grant year. Any redistribution of unexpended grant allocation funds will be made in accordance with WEM policy.
- Payments under the EPCRA grant will be made bi-annually. The payments will be an amount equal to 50% of the approved grant award for each six-month reporting period.
- Counties and LEPC's should carefully review the requirements of item number 10 of the combined EMPG/EPCRA Grant Policy. Failure to meet Plan of Work requirements may result in the withholding or loss of EPCRA grant funds for a given six month reporting period.
- Training costs must be associated with WEM approved, or WEM sponsored, training courses. Salary and fringe benefits of participants in training activities are not eligible.
- The request for final reimbursement, including the certification of expenses, shall be submitted to the appropriate regional office as soon as final expense have been identified by the county, but no later than November 12, 2006.
- Any Plan of Work items not completed by the end of the grant period must be completed and submitted with all necessary documentation within 45 days of the end of the grant period. Any request for an extension of this deadline will be considered by WEM on a case-by-case basis.
- Any grant overpayment will be resolved in accordance with the provision of Chapter 166.21(5)(c), Wisconsin Statutes.

### **4. Grant Application Form Instructions:**

#### **I. GRANT APPLICATION INFORMATION:**

1. Fill in the name of the county on whose behalf the application is being submitted.

2. Fill in the mailing address or Post Office Box to which correspondence should be sent concerning the grant.
3. Fill in the city and zip code to complete the mailing address.
4. Fill in the name and title of the person to be contacted for matters concerning the grant.
5. Fill in the telephone number at which the designated contact person can be reached during regular business hours, including the area code.
6. Check the appropriate box to indicate if application is initial submission or amended.

**II. GRANT FUNDING REQUEST:**

1. Fill in the grant formula for your county.
2. Fill in the LEPC Grant Request, based upon the total reflected on **Line 12** of the EPCRA Planning and Administration Grant Budget Sheet for your county.
3. The WEM approved Grant Amount will be filled in by WEM staff once the grant has been approved.

**III. GRANT AUTHORIZATION:**

1. Block A must contain the printed name of the LEPC Chair, the Chair's signature, and the date that the application was signed.
2. Block B must contain the printed name of the designated county official, that official's signature, and the date that the application was signed.
3. Block C must contain the printed name of the County Emergency Management Director, the Director's signature, and the date that the application was signed.

**LEPC EMERGENCY PLANNING GRANT BUDGET SHEET:**

- A. Fill in the name of the county where indicated.
- B. Check appropriately if budget sheet is for initial application or is part of an amended grant application.

The following applies only to the **Initial Application column** of the EPCRA Emergency Planning and Administration Grant Budget Sheet:

**NOTE:** Please use the pre-designated categories (lines 1-11) for your budget items. Items that are listed in addition to the pre-designated categories will not be considered for reimbursement. If additional documentation is needed for budget purposes, please attach the additional information to this sheet.

**Line 1** – List the total salaries for which EPCRA Planning and Administration Grant funds will be used. Payment of salaries from the Planning and Administration Grant should be limited to positions directly involved in the County EPCRA Planning Program or the County Emergency Management Office. Refer to Items 1, 2, 6, 7 and 17 of the combined EMPG/EPCRA Grant Policy.

\*Please note the position title and percentage of the salary that is being reimbursed under the EPCRA Planning Grant. The total of the salaries being listed should be entered on the Salaries Total line item.

**Line 2** – List the total fringe benefits for which EPCRA Planning and Administration Grant funds will be used. Payment of fringe benefits from the Emergency Planning Grant should be limited to positions directly involved in the County EPCRA Planning Program or the County Emergency Management Office. Refer to Items 1, 2, 6, 7 and 17 of the combined EMPG/EPCRA Grant Policy. The Fringe Benefits line item should include the % of fringe benefit for all positions listed in the Salaries Total line item.

**Line 3** – List the total budgeted postage expenses for which EPCRA Planning and Administration Grant funds will be used.

**Line 4** – List the total budgeted copy, printing, or duplication costs for which EPCRA Planning and Administration Grant funds will be used.

**Line 5** – List the total telephone expenses for which EPCRA Planning and Administration Grant funds will be used.

**Line 6** – List the total budgeted office supply expenses which EPCRA Planning and Administration Grant funds will be used.

**Line 7** – List the total budgeted training and/or travel expenses for which EPCRA Planning and Administration Grant funds will be used.

**Line 8** – List the total budgeted exercise expenses for which EPCRA Planning and Administration Grant funds will be used.

**Line 9** – List the total budgeted costs for the contracting of new off-site plan development or facility plan updates.

**Line 10** – List the total budgeted costs for all rent expenses charged against the administration of the EPCRA program at the county level.

**Line 11** – List the total budgeted costs for all disposable HazMat supplies that will be purchased. Expenditures in this category are limited to a maximum of \$3,000.00 over the term of the grant year.

**Line 12** – This line must show the total of all budgeted expenses which EPCRA Planning and Administration Grant funds will be used.

Actual approved budget figures should be listed in the Initial Application column. This figure should appear on line 2 of the Grant Application Form. Figures in the Final Reimbursement column shall be provided at the end of the last quarter of the grant year, and shall reflect actual expenses incurred by the county.

Figures for the Final Reimbursement column will only need to be provided when the Request for Final Reimbursement is submitted. When the figures are entered at that time, they need to reflect the actual expenses incurred by the county.

5. **Grant Closeout Form Instructions:**

**IV. REQUEST FOR FINAL REIMBURSEMENT:**

This section of the grant is to be completed only at the end of the grant year.

1. Fill in the WEM approved grant amount from line 3 of the Grant Funding Request Section.
2. Fill in the total of actual expenditures from the Final Reimbursement column, **Line 12**, of the Budget Sheet.
3. The Total Reimbursement Request should be the smaller of either the WEM Approved Grant Amount or the Total Expenditures from line 1 or line 2.
4. Enter the total amount of the first six month payment received under the grant.
5. Subtract line 4 from line 3 and enter as the Final Reimbursement Request or Overpayment.

**V. FINAL REIMBURSEMENT CERTIFICATION:**

1. Block A must contain the printed name of the LEPC Chair, the Chair's signature and the date that the Request for Final Reimbursement was signed.
2. Block B must contain the printed name of the designated county official (County Clerk or authorized County Fiscal Person), that official's title and signature, as well as the date the Request for Final Reimbursement was signed.
3. Block C must contain the printed name of the County Emergency Management Director, the Director's signature and the date that the Request for Final Reimbursement was signed.

**LEPC EMERGENCY PLANNING GRANT BUDGET SHEET:**

- A. Fill in the name of the county where indicated.
- B. Check appropriately if budget sheet is for initial application or is part of an amended grant application.

The following applies only to the actual expenditures of the county and should be entered in the **Final Reimbursement** column of the EPCRA Emergency Planning and Administration Grant Budget Sheet. Figures for the Final Reimbursement column will need to be provided when the Request for Final Reimbursement is submitted. All expenditures should be included in the items listed below. Additional categories should not be added as this will delay the review process. If you are unsure as to where to place expenditures, contact your Regional Office.

**NOTE:** Please use the pre-designated categories (lines 1-11) for your budget items. Items that are listed in addition to the pre-designated categories will not be considered for reimbursement. If additional documentation is needed for budget purposes, please attach the additional information to this sheet.

**Line 1** – List the salaries expended that have not been reimbursed by EMPG funds. Payment of salaries from the Planning and Administration Grant should be limited to positions directly involved in the County EPCRA Planning Program or the County Emergency Management Office. Refer to Items 1, 2, 6, 7 and 17 of the combined EMPG/EPCRA Grant Policy.

\*Please note the position title and percentage of the salary that is being reimbursed under the EPCRA Planning Grant. The total of the salaries being listed should be entered on the Salaries Total line item.

**Line 2** – List the fringe benefits expended that have not been reimbursed by EMPG funds. Payment of fringe benefits from the Emergency Planning Grant should be limited to positions directly involved in the County EPCRA Planning Program or the County Emergency Management Office. Refer to Items 1, 2, 6, 7 and 17 of the combined EMPG/EPCRA Grant Policy. The Fringe Benefits line item should include the % of fringe benefit for all positions listed in the Salaries Total line item.

**Line 3** – List the postage expenses for EPCRA and the County Emergency Management Office that have not been reimbursed by EMPG funds.

**Line 4** – List the copy, printing or duplication costs for EPCRA and the County Emergency Management Office.

**Line 5** – List the telephone expenses for EPCRA and the County Emergency Management Office that have not been reimbursed by EMPG funds.

**Line 6** – List the office supply expenses for EPCRA and the County Emergency Management Office that have not been reimbursed by EMPG funds.

**Line 7** – List the training and/or travel expenses for EPCRA and the County Emergency Management Office that have not been reimbursed by EMPG funds.

**Line 8** – List the exercise expenses for EPCRA and the County Emergency Management Office.

**Line 9** – List the costs for the contracting of new off-site plan development or facility plan updates.

**Line 10** – List all rent expenses charged against the administration of the EPCRA program at the county level that have not been reimbursed by EMPG funds.

**Line 11** – List all disposable HazMat supplies purchased. Expenditures in this category are limited to a maximum of \$3,000.00 over the term of the grant year.

**Line 12** – This line must show the total of all budgeted expenses which EPCRA Planning and Administration Grant funds will be used.

**FFY 2006 EPCRA Planning and Administration  
Grant Application**

GRANT PERIOD  
10/01/05 to 09/30/06

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**I. GRANT APPLICATION INFORMATION:**

County Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Initial Application \_\_\_\_\_ Amended Application \_\_\_\_\_

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**II. GRANT FUNDING REQUEST:**

1. Grant Formula Amount \$ \_\_\_\_\_

2. LEPC Grant Request (line 12 from Budget Sheet) \$ \_\_\_\_\_

3. WEM Approved Grant Amount \$ \_\_\_\_\_

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**III. GRANT AUTHORIZATION:**

To the best of my knowledge, all data provided in this application is true and correct. This document has been approved by the Local Emergency Planning Committee and duly authorized by the governing body of the County and the applicant will comply with the assurances as stated on the reverse of this application. Signatures required include the LEPC Chair in Block A, County Executive, County Administrator or County Board Chair in Block B, and the County Emergency Management Director in Block C.

Block A - LEPC Chair (printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Block B - County Official (printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Block C - County EM Dir. (printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## ASSURANCES

The Applicant hereby assures and certifies that it will comply with the regulations, policies, guidelines, and requirements as they relate to the application acceptance and use of emergency planning grant funds. Also the Applicant assures and certifies with respect to the grant that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It agrees that (a) funds granted as a result of this request are to be expended for the purposes set forth in this application and in accordance with all applicable laws, regulations, policies and procedures of the State of Wisconsin; (b) no expenditures will be eligible for inclusion if occurring prior to the effective date of the grant; (c) funds awarded by Wisconsin Emergency Management (WEM) may be terminated at any time for violation of any terms and requirements of this agreement.
3. In connection with the performance of work under this agreement the Applicant agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s. 51.01(5) Wis. Stats., arrest or conviction record, sexual orientation, as defined in s. 111.32(13m) Wis. Stat. or national origin, or ancestry, or marital status. This provision shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the Applicant further agrees to take affirmative action to ensure equal employment opportunities. The Applicant agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.
4. It shall comply with Section 504, Rehabilitation Act of 1973 which prohibits discrimination on the basis of a physical condition or handicap and the Age Discrimination Act of 1975 which prohibits discrimination because of age.
5. It shall ensure the establishment of safeguards to prevent employees, consultants, or members of the governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties as specified in Wisconsin Statutes 946.10 and 646.13.
6. The applicant agrees that, if required by the State Single Audit Guidelines issued by the Department of Administration, it will provide to the Department of Military Affairs an independent financial audit in compliance with such Guidelines.
7. It will give WEM through any authorized representative access to and the right to examine all records, books, papers or documents related to the grant. This provision shall also apply in the event of termination of this agreement. Any charges for copies provided by the Applicant of books, documents, papers, records, computer tapes or computer printouts shall not exceed the actual cost thereof to the Applicant and shall be reimbursed to the Applicant by WEM.
8. It will maintain such records as required by state and federal law. The minimum acceptable financial records consist of: 1) documentation of employee time; 2) documentation of all materials, supplies and travel expenses; 3) inventory records and supporting documentation for allowable equipment purchased to carry out the program scope; 4) rational supporting allocation of space charges; 5) any other records which support charges to program funds. The Applicant must maintain sufficient segregation of program accounting records from other programs and/or projects.
9. This grant shall be governed under the laws of the State of Wisconsin.
10. The Applicant will indemnify and save harmless the State and all of its officers, agents and employees from all suits, actions or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of the Applicant, or of any of its contractors, in prosecuting work under this agreement.
11. It will at all times comply with and observe all federal and state laws, local laws, ordinances, and regulations which are in effect during the period of this grant and which in any manner affect the work or its conduct.
12. In carrying out any provisions of the Agreement or in exercising any power or authority granted on behalf of WEM, there will be no personal liability upon WEM, being understood that in such matters WEM acts as agent and representative of the State.

**FFY 2006 EPCRA Planning and Administration Grant  
Budget Sheet for \_\_\_\_\_ County**

Application Request \_\_\_\_\_

Amended Application \_\_\_\_\_

| Budget Items                         | Initial Application | Final Reimbursement<br>(Actual Expenditures) |
|--------------------------------------|---------------------|--|
| 1. Salaries Total                    | _____               | _____  |
| * Position Title _____ % of position |                     | * Position Title _____ % of position         |
| * Position Title _____ % of position |                     | * Position Title _____ % of position         |
| * Position Title _____ % of position |                     | * Position Title _____ % of position         |
| 2. Fringe Benefits                   | _____               | _____  |
| 3. Postage                           | _____               | _____  |
| 4. Xerox/Printing                    | _____               | _____  |
| 5. Telephone                         | _____               | _____  |
| 6. Office Supplies                   | _____               | _____  |
| 7. Travel/Training                   | _____               | _____  |
| 8. Exercises                         | _____               | _____  |
| 9. Planning Contract<br>Costs        | _____               | _____  |
| 10. Rent Expenses                    | _____               | _____  |
| 11. Disposable HazMat<br>Supplies    | _____               | _____  |
| 12. Totals                           | _____               | _____  |

Actual approved budget figures should be listed in the Initial Application column. This figure should appear on line 2 of the Grant Application Form. Figures in the Final Reimbursement column shall be provided at the end of the last quarter of the grant year, and shall reflect actual expenses incurred by the County.

**NOTE:** Please use the pre-designated categories (lines 1-11) for your budget items. Items that are listed in addition to the pre-designated categories will not be considered for reimbursement. If additional documentation is needed for budget purposes please attach the additional information to this sheet.

\*Please note the position title and percentage of the salary that is being reimbursed under the EPCRA Planning Grant. The total of the salaries being listed should be entered on the Salaries Total line item. The Fringe Benefits line item should include the % of fringe benefit for all positions listed in the Salaries Total line item.

**FFY 2006 EPCRA Planning and Administration Grant  
Request for Final Reimbursement  
\_\_\_\_\_ County**

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**IV. REQUEST FOR FINAL REIMBURSEMENT:**

1. Approved WEM Grant Award \$ \_\_\_\_\_

2. Total Expenditures (line 12 from Budget Sheet) \$ \_\_\_\_\_

ENTER THE SMALLER OF EITHER LINE 1 OR 2 ON LINE 3 BELOW

3. Total Reimbursement Request \$ \_\_\_\_\_

4. Total Payments Received \$ \_\_\_\_\_

SUBTRACT LINE 4 FROM LINE 3 AND ENTER ON LINE 5 BELOW

5. Final Reimbursement Request or Overpayment \$ \_\_\_\_\_

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**V. FINAL REIMBURSEMENT CERTIFICATION:**

I certify that to the best of my knowledge, the above data is correct and that all expenditures were made in accordance with the terms and conditions of the grant procedures, and that local documentation will be maintained and available for audit purposes as required in the assurances stated in the grant application. Signatures required include the LEPC Chair in Block A, the County Clerk or Authorized County Fiscal Person in Block B, and the County Emergency Management Director in Block C.

Block A - LEPC Chair (printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Block B - County Official (Printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Block C - County EM Director (printed) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## ASSURANCES

The Applicant hereby assures and certifies that it will comply with the regulations, policies, guidelines, and requirements as they relate to the application acceptance and use of emergency planning grant funds. Also the Applicant assures and certifies with respect to the grant that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It agrees that (a) funds granted as a result of this request are to be expended for the purposes set forth in this application and in accordance with all applicable laws, regulations, policies and procedures of the State of Wisconsin; (b) no expenditures will be eligible for inclusion if occurring prior to the effective date of the grant; (c) funds awarded by Wisconsin Emergency Management (WEM) may be terminated at any time for violation of any terms and requirements of this agreement.
3. In connection with the performance of work under this agreement the Applicant agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s. 51.01(5) Wis. Stats., arrest or conviction record, sexual orientation, as defined in s. 111.32(13m) Wis. Stat. or national origin, or ancestry, or marital status. This provision shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the Applicant further agrees to take affirmative action to ensure equal employment opportunities. The Applicant agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.
4. It shall comply with Section 504, Rehabilitation Act of 1973 which prohibits discrimination on the basis of a physical condition or handicap and the Age Discrimination Act of 1975 which prohibits discrimination because of age.
5. It shall ensure the establishment of safeguards to prevent employees, consultants, or members of the governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties as specified in Wisconsin Statutes 946.10 and 646.13.
6. The applicant agrees that, if required by the State Single Audit Guidelines issued by the Department of Administration, it will provide to the Department of Military Affairs an independent financial audit in compliance with such Guidelines.
7. It will give WEM through any authorized representative access to and the right to examine all records, books, papers or documents related to the grant. This provision shall also apply in the event of termination of this agreement. Any charges for copies provided by the Applicant of books, documents, papers, records, computer tapes or computer printouts shall not exceed the actual cost thereof to the Applicant and shall be reimbursed to the Applicant by WEM.
8. It will maintain such records as required by state and federal law. The minimum acceptable financial records consist of: 1) documentation of employee time; 2) documentation of all materials, supplies and travel expenses; 3) inventory records and supporting documentation for allowable equipment purchased to carry out the program scope; 4) rational supporting allocation of space charges; 5) any other records which support charges to program funds. The Applicant must maintain sufficient segregation of program accounting records from other programs and/or projects.
9. This grant shall be governed under the laws of the State of Wisconsin.
10. The Applicant will indemnify and save harmless the State and all of its officers, agents and employees from all suits, actions or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of the Applicant, or of any of its contractors, in prosecuting work under this agreement.
11. It will at all times comply with and observe all federal and state laws, local laws, ordinances, and regulations which are in effect during the period of this grant and which in any manner affect the work or its conduct.
12. In carrying out any provisions of the Agreement or in exercising any power or authority granted on behalf of WEM, there will be no personal liability upon WEM, being understood that in such matters WEM acts as agent and representative of the State.

**FFY 2006 EPCRA Planning and Administration Grant  
Budget Sheet for \_\_\_\_\_ County**

Application Request \_\_\_\_\_

Amended Application \_\_\_\_\_

| Budget Items                         | Initial Application | Final Reimbursement<br>(Actual Expenditures) |
|--------------------------------------|---------------------|--|
| 1. Salaries Total                    | _____               | _____  |
| * Position Title _____ % of position |                     | * Position Title _____ % of position         |
| * Position Title _____ % of position |                     | * Position Title _____ % of position         |
| * Position Title _____ % of position |                     | * Position Title _____ % of position         |
| 2. Fringe Benefits                   | _____               | _____  |
| 3. Postage                           | _____               | _____  |
| 4. Xerox/Printing                    | _____               | _____  |
| 5. Telephone                         | _____               | _____  |
| 6. Office Supplies                   | _____               | _____  |
| 7. Travel/Training                   | _____               | _____  |
| 8. Exercises                         | _____               | _____  |
| 9. Planning Contract Costs           | _____               | _____  |
| 10. Rent Expenses                    | _____               | _____  |
| 11. Disposable HazMat Supplies       | _____               | _____  |
| 12. Totals                           | _____               | _____  |

Actual approved budget figures should be listed in the Initial Application column. This figure should appear on line 2 of the Grant Application Form. Figures in the Final Reimbursement column shall be provided at the end of the last quarter of the grant year, and shall reflect actual expenses incurred by the County.

**NOTE:** Please use the pre-designated categories (lines 1-11) for your budget items. Items that are listed in addition to the pre-designated categories will not be considered for reimbursement. If additional documentation is needed for budget purposes please attach the additional information to this sheet.

\*Please note the position title and percentage of the salary that is being reimbursed under the EPCRA Planning Grant. The total of the salaries being listed should be entered on the Salaries Total line item. The Fringe Benefits line item should include the % of fringe benefit for all positions listed in the Salaries Total line item.

**FY06 EPCRA PLANNING GRANT FORMULA**

| <b>County</b> | <b>Grant Formula</b> |
|---------------|----------------------|
| ADAMS         | \$ 6,397             |
| ASHLAND       | \$ 6,052             |
| BARRON        | \$ 11,839            |
| BAYFIELD      | \$ 4,639             |
| BROWN         | \$ 58,297            |
| BUFFALO       | \$ 7,050             |
| BURNETT       | \$ 5,409             |
| CALUMET       | \$ 16,677            |
| CHIPPEWA      | \$ 14,849            |
| CLARK         | \$ 9,964             |
| COLUMBIA      | \$ 33,216            |
| CRAWFORD      | \$ 6,197             |
| DANE          | \$ 82,146            |
| DODGE         | \$ 28,468            |
| DOOR          | \$ 10,305            |
| DOUGLAS       | \$ 8,824             |
| DUNN          | \$ 11,028            |
| EAU CLAIRE    | \$ 15,293            |
| FLORENCE      | \$ 3,419             |
| FOND DU LAC   | \$ 26,202            |
| FOREST        | \$ 3,772             |
| GRANT         | \$ 16,733            |
| GREEN         | \$ 22,594            |
| GREEN LAKE    | \$ 8,860             |
| IOWA          | \$ 7,511             |
| IRON          | \$ 3,615             |
| JACKSON       | \$ 7,337             |
| JEFFERSON     | \$ 30,030            |
| JUNEAU        | \$ 9,011             |
| KENOSHA       | \$ 28,228            |
| KEWAUNEE      | \$ 8,714             |
| LA CROSSE     | \$ 24,844            |
| LAFAYETTE     | \$ 6,716             |
| LANGLADE      | \$ 7,610             |
| LINCOLN       | \$ 7,249             |
| MANITOWOC     | \$ 22,382            |

| <b>County</b> | <b>Grant Formula</b> |
|---------------|----------------------|
| MARATHON      | \$ 26,914            |
| MARINETTE     | \$ 13,084            |
| MARQUETTE     | \$ 5,356             |
| MENOMINEE     | \$ 3,301             |
| MILWAUKEE     | \$131,871            |
| MONROE        | \$ 12,267            |
| OCONTO        | \$ 10,137            |
| ONEIDA        | \$ 8,513             |
| OUTAGAMIE     | \$ 53,212            |
| OZAUKEE       | \$ 17,867            |
| PEPIN         | \$ 4,950             |
| PIERCE        | \$ 8,746             |
| POLK          | \$ 9,644             |
| PORTAGE       | \$ 19,399            |
| PRICE         | \$ 7,530             |
| RACINE        | \$ 32,875            |
| RICHLAND      | \$ 7,316             |
| ROCK          | \$ 34,581            |
| RUSK          | \$ 4,862             |
| ST. CROIX     | \$ 16,693            |
| SAUK          | \$ 17,086            |
| SAWYER        | \$ 4,921             |
| SHAWANO       | \$ 8,815             |
| SHEBOYGAN     | \$ 26,549            |
| TAYLOR        | \$ 6,208             |
| TREMPEALEAU   | \$ 12,272            |
| VERNON        | \$ 8,103             |
| VILAS         | \$ 4,781             |
| WALWORTH      | \$ 21,666            |
| WASHBURN      | \$ 4,713             |
| WASHINGTON    | \$ 22,327            |
| WAUKESHA      | \$ 69,575            |
| WAUPACA       | \$ 14,637            |
| WAUSHARA      | \$ 8,120             |
| WINNEBAGO     | \$ 37,637            |
| WOOD          | \$ 22,395            |

See memo from William Clare, Planning Section Supervisor, dated August 4, 2005 for particulars on how the FY06 EPCRA Planning Grant Formula was computed.