Healthcare Infrastructure Capital Grant Program
APPLICATION INSTRUCTIONS

Program Webpage: https://doa.wi.gov/Pages/HealthcareInfrastructure.aspx

The Department of Administration is using DocuSign to collect applications for the Healthcare Infrastructure Capital Grant Program.

What is DocuSign?
DocuSign is a web-hosted electronic document transmittal and secure signature service. Accessing DocuSign documents requires internet access and a web browser. The DocuSign website is mobile-device friendly. You do not need a DocuSign account to access or complete the Grant Application. Use of DocuSign significantly reduces the amount of time needed by the program to process and evaluate applications.

==**Please review the Program Grant Announcement and these instructions prior to beginning the application process.**==

APPLICATION CHECKLIST AND DOCUMENT LINKS

	Document	Note	Due Date
☐	Application Form	**Required.** Available here.	November 30, 2021, at 2:00 PM Central Time
☐	IRS Form W-9	**Required for non-municipal applicants.** Available here.	November 30, 2021, at 2:00 PM Central Time
☐	DOA-3027	**Optional.** Available here.	November 30, 2021, at 2:00 PM Central Time

Please note: Both a Grant Application and IRS Form W-9 are required. Applications will not be considered complete without the submission of both completed documents.

Convenience Copy of Grant Application

A link to a convenience copy of the application is available here. The program has provided a link to a convenience copy of application for reference prior to submitting the application via DocuSign. The convenience copy is for internal organization review only and will not be accepted by the program as an official application.

Please continue reading this document for instructions on how to submit your official application.

DocuSign Submission Instructions for all Documents:

To Begin Each Document:

Open the link for the document you would like to complete in the table above.

The first page you will be directed to is the "PowerForm Signer Information." The person entering the information on the application should be an authorized representative of the organization.

1. Enter the first and last name of your organization's authorized representative in the "Your Name" field, and the authorized representative's email in the "Your Email" field. This will be the person signing and submitting the document.

2. Do NOT change anything in the Grant Administration fields.

3. To receive a completed copy of your document, re-enter the first and last name of your organization's authorized representative in the "Name" field, and the authorized representative's email in the "Email" field under the "Email a Copy" Field. **Receiving a copy serves as confirmation of receipt by the program**.

   There are two additional fields if you would like to add additional recipients for the confirmation.

4. Please review all information as entered above for errors. Click "Begin Signing" when you are done reviewing information.

A diagram of these instructions is shown on the next page.

Submission Instructions for all Documents (Continued):

The screenshot below shows steps 1-4 visually.

Enter the first and last name of your organization's authorized representative in the "Your Name" field, and the authorized representative's email in the "Your Email" field. This will be the person signing and submitting the document.

If you would like to receive confirmation of your submission, re-enter the first and last name of your organization's authorized representative in the "Name" field, and the authorized representative's email in the "Email" field under the "Email a Copy" Field. **Receiving a copy serves as confirmation of receipt by the program.** There are two additional fields if you would like to add additional recipients for the confirmation.

Do NOT change anything in the Grant Administration fields.

Click "Begin Signing" when you are done entering information.

BEGIN SIGNING

PowerForm Signer Information

Application for Healthcare Infrastructure Grant Program
Please complete the application document by the submission deadline, November 30, 2021 at 2PM Central Time. More information is available on the Program Website: www.doa.gov/pages/HealthcareInnovation.aspx

Please enter your name and email to begin the signing process.

Authorized Representative (use First and Last name in name field)

Your Name: *
Full Name

Your Email: *
Email Address

Please provide information for any other signers needed for this document.

(DO NOT CHANGE THIS FIELD) Grant Administrator

Name:
Healthcare Infrastructure Grant Program

Email:
DOAHealthcareInfrastructureGrantProgram@wisconsin.gov

Re-enter applicant name and email here to recieve a completed copy:

Name:
Full Name

Email:
Email Address

Recieve a completed copy of document (additional recipient 1):

Name:
Full Name

Email:
Email Address

Recieve a completed copy of document (additional recipient 2):

Name:
Full Name

Email:
Email Address

BEGIN SIGNING

Submission Instructions for all Documents (Continued):

Filling Out Each Document:

The next page will be "Please review & act on These Documents."

1. Agree to DocuSign disclosures, if prompted.
2. <u>Strongly Recommended:</u> Click "Finish Later" button. Clicking "Finish Later" creates a link to your documents that can be re-visited at any time prior to clicking "Finish" on the document. An email with the link will be sent to the authorized representative's email you provided in the previous step. Click "Review Documents" from that email link to continue the signing process. The program also strongly recommends clicking "Finish Later" any time you close the application to ensure any newly entered information is saved.
3. Click through to "Continue" to fill out the application.
4. Please fill out all fields as applicable to your organization.

The screenshot below shows the "Please review & act on These Documents" page.
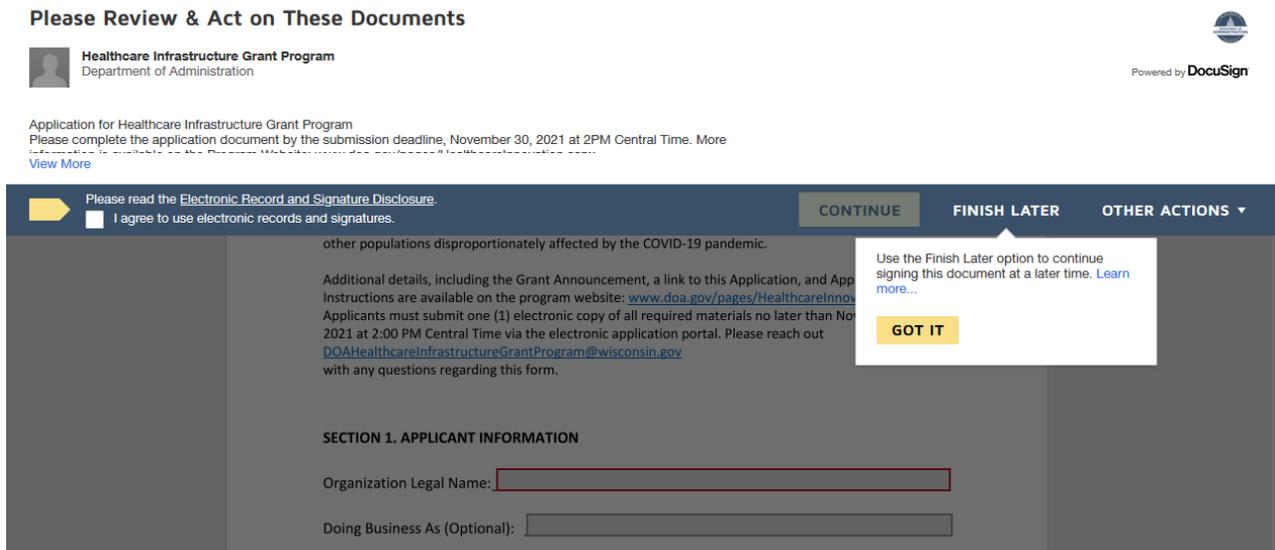
To Submit each document:

Click "Finish" when you have reviewed and completed all required fields on the application. This step will send the completed application to the Grant Administrator and to any additional emails you provided as an "Email Copy Recipient". Your application will not be submitted to the program until you click "Finish".

The page will automatically re-direct to the Department of Administration Homepage when you click "Finish". Please select another document link from the table on page 1 of these instructions to proceed with the application.

Individual Form Submission Instructions and Tips

Application Form (Required):

Section 1: Applicant Information

Fill out all of the required fields (outlined in red in DocuSign) and any additional optional fields, as applicable. We have highlighted some required fields that may require additional attention here:

- Your Organization's **DFI** (Department of Financial Institutions) **Entity ID** is available to search at the following link: https://www.wdfi.org/apps/CorpSearch/Search.aspx Per Section 4.1.2 of the Program Grant Agreement, Applicants, *If required, must be registered with the Wisconsin Department of Financial Institutions and have one of the following statuses as of the Grant Announcement closing date: "restored to good standing", "incorporated/qualified/registered", "organized", or "registered".* **This field is required.**

    - Please reach out to the Department of Financial institutions with any questions regarding your organization's status.

- **EIN** or "Employee Identification Number". This is the number under which you file your organization's taxes. Please have this number match your W-9. **This field is required.**

- **Remit information:** Please have your organization's remit address match your W-9. If it does not match a prepared W-9, you will have the opportunity to fill out a new W-9 via the W-9 submission process. This address must be able to receive a paper check, if necessary. **These fields are required.**

- **Please list the Wisconsin counties in which this organization operates:** List all of the Wisconsin counties in your organization's operating area. **This field is required.**

Section 2: Narrative

Be sure to answer the questions fully and adhere to all question character counts.

Question 2.1.2 and 2.1.3

- Both questions specifically reference Qualified Census Tracts. Please see the following link to review whether your project serves communities living or working in a qualified census tract. https://www.huduser.gov/portal/qct/1statetable.html?statefp=55.0&DDAYEAR=2022 Please note, it is not a requirement that projects be located in Qualified Census Tracts.

Section 3: Budget

Please group similar expenses in the **Expense Description** field. This is meant to be a high-level review of your program's grant budget.

- If you receive an error in section 3 **Budget Amount** fields when trying to submit your application, please make sure that you have only entered numbers in the **Amount** field. Additional non-numerical characters or extra spaces before or after the number may result in an error.

Section 4: Project Site Information

Please fill out the requested information in this section.

- **Section 4.1 Attachment: Site Plan:** Please upload your Site Plan here by clicking the paperclip icon. Save and name the file with the following file name: organization_legal_name_Attachment_Site_Plan

Section 5: Attestations and Required Signature

Applicants must certify compliance with all of the statements in the attestation section, provided at the end of the application. Please consult your organization's legal counsel if you have any questions regarding your responses to the attestation statements.

Applicant Authorized Representative:

If more than one authorized representative is required to sign the application, please contact the program at DOAHealthcareInfrastructureGrantProgram@wisconsin.gov to add an additional authorization page.

Select "finish" to send your application on in the process. Be sure to continue on to page 7 to submit your W-9 if you are a non-municipal applicant.

- Your application form will be sent to the Program for review after the application deadline. You will receive a copy of the completed application if you re-entered your information as directed on page 2, Step 4. This copy serves as confirmation of application receipt by the program.

W-9 Form (Required for non-municipal applicants):

Follow the instructions on pages 1 and 2 of these instructions to add an Authorized Representative and any "Email a Copy" Recipient(s) to the Document and begin signing.

There are two options for submitting your W-9 form via DocuSign:

- Attach an existing W-9 to the document by selecting the paperclip icon and uploading your W-9. Click "Finish" to submit.

  OR

- Complete the W-9 Form with all required information, sign and date, and then click "Finish" to submit.

Please be sure that the EIN and Remit information on the W-9 match the information you provided on the Application Form for either submission option.

Form DOA 3027: Designation of Confidential and Proprietary Information (Optional):

Review the information below, and, if applicable, complete and submit the DOA-3027 via the link provided on page 1 of this document.

DOA-3027 is optional, do not submit this document if the following does not apply to information submitted in your application.

Applicants should submit this form if their application materials contain proprietary and confidential information which qualifies as a trade secret, as provided in s. 19.36(5) Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law.

Other information cannot be kept confidential unless is a trade secret. Trade Secret is defined in s. 134.90(1)(c), Wis. Stats. as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.

2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

To completed DOA-3027, follow the instructions on pages 1 and 2 of these instructions to add an Authorized Representative and Email Copy Recipient to the Document and begin signing.

- Please designate the section (application or w-9), page(s) of the application documents, and topics that you are requesting not be released on the DOA-3027 form.

- Click "Finish" to submit.

Additional Helpful Links for DocuSign Troubleshooting:

Please be sure that your internet browser is up to date if you have any technical issues. DocuSign supports the most commonly used internet browsers. https://support.docusign.com/guides/signer-guide-signing-system-requirements

Additional DocuSign Help links are listed below:

Common Signing Issues: https://docusigncommunity.force.com/en/articles/Common-signing-issues

Adopting a signature: https://support.docusign.com/en/guides/signer-guide-signing-adopt-new

DocuSign Support Center: https://docusigncommunity.force.com/en/home

General DocuSign Walkthrough: https://support.docusign.com/en/videos/New-Signing-Experience