



# Public Service Commission of Wisconsin

Rebecca Cameron Valcq, Chairperson  
Ellen Nowak, Commissioner  
Tyler Huebner, Commissioner

4822 Madison Yards Way  
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Public Service Commission of Wisconsin  
RECEIVED: 04/08/2020 8:01:46 AM

April 8, 2020

To Grant Applicants:

Re: FY 2020/2021 Telemedicine Grants 5-TF-2020  
Update to Telemedicine Application Instructions; Request  
for Supplemental Information

In light of the recent and continuing emergency related to the COVID-19 virus, the Commission would like to ensure telehealth equipment needs that could address medical care issues in the present emergency are clearly identified. The Commission requests each grant applicant that submitted a timely application by the March 12, 2020 deadline consider the following information and respond to the questions below:

1. Will the equipment you have proposed to purchase in your grant application address medical care issues arising from the COVID-19 virus? If so, please explain.
2. Is the purchase urgent? In other words, if the Commission agrees to fund your grant request, will the equipment be purchased within the next three months?
3. Have your equipment needs changed since the health emergency started? Is there other telehealth equipment that you would purchase instead of the equipment proposed in your application? If so, what would that equipment be? The revised equipment request can be for a different amount than the original request.
4. Please update any and all information in the application that is no longer accurate or needs updating given your response.

Each applicant's response should be in the form of a letter. If the response includes a revised request to purchase telemedicine equipment, please fill out and include a new budget sheet. A blank budget sheet is attached. The response should be uploaded to ERF using the same docket number as the application, 5-TF-2020. The Commission requests that each applicant file its response by Monday, April 13, 2020. New applications from applicants that did not submit an application prior to the March 12, 2020 deadline will not be accepted.

Docket 5-TF-2020

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If you have any questions regarding this request, please contact Alyssa Kenney at [Alyssa.Kenney@Wisconsin.gov](mailto:Alyssa.Kenney@Wisconsin.gov) or Dennis Klaila at [Dennis.Klaila@Wisconsin.gov](mailto:Dennis.Klaila@Wisconsin.gov). Thank you for your consideration of this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristy Nieto". The signature is fluid and cursive, with the first name "Kristy" written in a larger, more prominent script than the last name "Nieto".

Kristy Nieto  
Division Administrator  
Division of Digital Access, Consumer and Environmental Affairs

KN:TP:AK:DK:kle DL:01727917

Attachment

***PUBLIC SERVICE COMMISSION***

**UNIVERSAL SERVICE FUND  
TELEMEDICINE EQUIPMENT GRANT PROGRAM**

**Budget Summary**

| <b>PROJECT EXPENSES</b>   | <b>USF Funds Requested</b> | <b>Vendor Name and Address</b> |
|---|----------------------------|--------------------------------|
| 1. Medical Telecommunications Equipment<br>(describe major components)                    |                            |                                |
| a.  |                            |                                |
| b.  |                            |                                |
| c.  |                            |                                |
| d.  |                            |                                |
| <b>TOTAL USF EXPENSES BEING REQUESTED</b>   |                            |                                |
| 2. Non-Medical Telecommunications Equipment<br>(needed for project but not funded by USF) |                            |                                |
| 3. Other costs (specify)  |                            |                                |
| <b>TOTAL EXPENSES</b>   |                            |                                |

**NOTE: Attach price quotes from vendor(s).**

**ORGANIZATION NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**CONTACT E-MAIL ADDRESS:** \_\_\_\_\_