Universal Service Fund
Telemedicine Equipment Program

Fiscal Years 2020 and 2021
Grant Application Instructions

Docket 5-TF-2020

Application Deadline
March 12, 2020
Introduction

The Public Service Commission of Wisconsin (Commission) is seeking applications for Medical Telecommunications Equipment Grants. The Medical Telecommunications Equipment Grant Program (Telemedicine Program) was created to provide funding to nonprofit medical clinics, hospitals or public health agencies for the purchase of specialized telecommunications equipment designed to augment or enhanced the delivery of medical services.

Eligible Applicants

Nonprofit medical clinics, hospitals and public health agencies are eligible to request a grant from the Telemedicine Program. For purposes of the Telemedicine Program, a nonprofit medical clinic or hospital includes any medical facility that:

1. Is a nonprofit organization governed by a Board of Directors;
2. Serves federally-designated health professional shortage areas as defined in 42 USC § 254e(a)(1), medically underserved areas, or medically underserved populations; and
3. Fulfills one, or both, of the following:
   a. Provides service to all patients regardless of insurance status.
   b. Uses a sliding fee scale for uninsured patients based on income status.

For purposes of the Telemedicine Program, a public health agency includes:

1. The Wisconsin Department of Health Services;
2. Local health departments as defined in Wis. Stat. § 250.01(4); and
3. Health care facilities or programs operated by a tribe, or tribal organization under the Indian Self-Determination Act (25 USC § 450f et seq.).

Anticipated Funds Available

In accordance with Wis. Admin. Code § PSC 160.115(3), the Commission may grant a maximum of $500,000 in Universal Service Fund (USF) support per state fiscal year or $1,000,000 per state biennium to one or more grantees. The Commission has allocated $500,000 for Telemedicine grants for FY 2020. The Commission may allocate a similar amount for FY 2021.

Grant Application Submission and Deadline

All applicants are required to submit a signed Universal Service Program Grant Application Form, a signed Affidavit, a Budget Summary Form, and a Project Narrative. Links to editable versions of the required forms are included at the end of these application instructions.

Applications are due by 4:00 p.m., March 12, 2020. Once filed, all applications become the property of the Commission, and are subject to Wisconsin’s Open Records laws.

To file an application or other documents on ERF, use the docket number and caption for the FY 2020/2021 Telemedicine Grant program:

- **Docket Number:** 5-TF-2020
- **Docket Caption:** FY 2020/2021 Telemedicine Grants

Please remember to log in to the ERF system before attempting to upload the application.

The grant application process, including the use of the ERF system, is intended to be simple and straightforward. Any medical clinic or county health department should be able to submit a competitive application without having to employ a consultant.

If an applicant has difficulty for any reason submitting these electronic documents in ERF, please contact our Records Management Team (608) 261-8524 or at PSCRecs@psc.state.wi.us.

Applications are due and must be uploaded to ERF no later than 4:00 p.m. Central time on Thursday, March 12, 2020.

Application Procedure

A complete application includes the following items and should be uploaded to ERF as a single document, assembled in the order listed below.

1. **Universal Service Program Grant Application Form**

   Instructions:
   - Leave State Application Number (above Section I) blank.
   - Fill out Sections I and II.
   - Signature of the authorized representative of the organization is required in Section II of the form.

2. **Affidavit of Eligibility**

   This document certifies that the USF support will be used for the purpose granted. This is required by Wis. Admin. Code § PSC 160.115(5)(f). The form must be signed by an authorized representative of the organization.
3. **Budget Summary**

Attach price quotes from vendors to the budget summary if available.

4. **Project Narrative**

The narrative should address the criteria listed in the *Review Criteria* listed below.

**Review Criteria**

In the Project Narrative, the following criteria, numbered 1-6 below, should be addressed under the particular heading and in the order in which each heading appears. Each criterion should be addressed separately and completely so the response stands alone and does not refer to outside sources. Failure to address any criterion will result in reduction of points by the reviewers. The page size should be a standard 8-1/2” x 11” page, with a legible font no smaller than 11 point, and a minimum of 1” margins throughout. **The entire Project Narrative section should be no more than six (6) single-sided and single-spaced numbered pages.**

1. **Applicant Overview**
   - Briefly describe the applicant organization(s) mission, history, geographic service area and capacity related to the project outcomes.

2. **Project Need/ Purpose**
   - Define the specific need or problem that is currently not being met.
   - Describe the population served by the proposed project, including detail about rural and underserved populations, and/or people with disabilities.
   - Describe how the specific need or problem may be met through the purchase of telecommunications equipment.
   - Describe, in detail, how the purchase of the equipment will promote technologically advanced medical services, enhance access to medical care in rural or underserved areas of the state, or enhance access to medical care by underserved populations or people with disabilities.
   - Describe any partnerships, community support, or other collaborations with individuals or organizations that will be involved in the project.
   - Describe the financial need of your organization and particularly why it needs funding from this grant program in order to purchase the equipment.

3. **Project Goals and Outcomes**
   - Identify realistic, measurable goals expected to be met through the purchase of the telecommunications equipment. Include information about the number of people served and intended outcomes or changes. Anticipated outcomes should relate to the Project Need/Purpose statement described under heading 2, above.
4. Description of Equipment to be Purchased

- Describe the equipment to be purchased, including a description of how the equipment operates. Funding may only be requested for equipment that has not yet been purchased. Funding is limited to the purchase of telemedicine equipment that connects to and uses the public switched telecommunications network, or its equivalent. Private or dedicated communications devices and networks, including paging systems and similar radio networks, cannot be funded by this grant program. General purpose computers cannot be funded by this grant program.
- Describe whether the equipment requires high speed internet for use, and provide additional details if the equipment requires patients to have internet access in their homes.
- Describe any installation costs or costs for training and/or operating the equipment. These costs should be nominal.
- Describe any warranty or maintenance agreements included in the purchase price of the equipment. No more than one year of a maintenance agreement can be included in the purchase price of the equipment.
- Identify the planned vendors for each piece of equipment proposed to be purchased. If the vendor is not yet selected, provide information on how the equipment price was determined and the process to be used for selecting the vendor.
- Explain why the chosen equipment was selected.

5. Budget Detail

- Describe the steps taken to secure the telecommunications equipment at reasonable prices. Obtaining several bids for the equipment and reporting the results of the cost review process can accomplish this.
- Identify the vendors for each piece of the telecommunication equipment being purchased or describe the process being used to select a vendor. If the applicant is chosen to receive a grant under this program, copies of bids may be required to be submitted prior to release of grant dollars. There is no specified dollar limit for any particular project.
- List and describe co-funding sources, partnerships and other relationships or commitments that are part of the project. No matching funds are required for this program, but the application must include an explanation of how any portion of the project that is not covered by the Telemedicine Program grant will be funded, to demonstrate that the applicant will be able to pay for that portion of the costs of the equipment.

6. Evaluation

- Explain how the project goals and outcomes identified above will be measured after the equipment is installed.
- Describe any evaluation tools that will be used to determine the extent to which the project meets each goal.
Review and Selection Process

All grant applications will be subject to a screening and review process conducted by Commission staff, a review team, and the Commissioners. Reviewers will have expertise in technical or programmatic aspects of information systems, medicine, telecommunications or universal service.

The process is outlined below:

Initial Screening

Commission staff will conduct an initial screening of all timely applications. The applications will be screened for eligibility of each applicant as a nonprofit medical clinic or public health agency as defined in Wis. Admin. Code §§ PSC 160.115(b) and (c), and for completeness of the application. Any application that fails the initial screening may be eliminated from further review.

Application Review

A panel of technology or program professionals will review applications passing the initial screening. The reviewers will use a rating checklist that gives a score to each application based on the criteria outlined in the Review Criteria section, described above. Particular attention will be paid to the potential success of the project to promote technologically advanced medical services, to enhance access to medical care in rural or underserved areas of the state, or to enhance access to medical care by underserved populations or persons with disabilities. Results of this analysis and review will be reported in a memorandum to the Commissioners.

Final Decision on Grant Awards

After the screening and review process has been completed, the Commission will decide which grants to award. The Commission makes its decisions in Open Meetings of the Commission. The Commission will notify all grant applicants of its decision by adopting and serving of all applicants an Order awarding grants. Notification of award decisions for FY 2020 and FY 2021 will be made in April or May, 2020.

In making the final grant funding decisions, the Commission shall consider information including the following:

- Is the applicant a nonprofit medical clinic or public health agency located in Wisconsin?
- Will the purchase of the telecommunication equipment promote technologically advanced medical services, enhance access to medical care in rural or underserved areas of the state, or enhance access to medical care by underserved populations or persons with disabilities?
- Is the applicant able to pay for any costs of the project not funded under the USF grant?
• What steps has the applicant taken to secure the equipment at reasonable prices?
• Has the applicant filed all the required information?

Public health agencies and nonprofit organizations that operate more than one location, may receive USF support for telecommunications equipment at more than one location, but before approving an application involving an additional location, the Commission shall consider how much total USF support has been received by the agency or organization in the fiscal year, and the total amount remaining to be disbursed for the fiscal year.

The Commission may give preference to initial applications filed by a public health agency or non-profit medical clinic.

The Commission may consider other factors including, but not limited to:

• Analysis and scoring of the review panel and Commission staff.
• Number of grants and dollars previously awarded to the applicant.
• Geographic distribution of the grant applications.
• Financial need of the organization and need for Telemedicine Program funds to complete the project.
• Diversity of needs met by the grant applications.
• Diversity of the types of projects requesting funding.
• Availability of funds from the USF budget.

**Grant Agreement, Reporting, and Payment Process**

The Commission Order awarding grants will require that each approved grant applicant enter into a Grant Agreement with the Commission. The Grant Agreement will confirm the grant award, including the amount of the award and the terms and conditions ordered by the Commission. The grant award will not be final until the applicant signs and returns the Grant Agreement.

Grant recipients will be required to complete the purchase of equipment items prior to the expiration date stated in the Order. Forms for making reimbursement requests and complying with reporting requirements will be provided to successful grant applicants when the Order awarding grants is released.

**False, Misleading, or Omitted Statements**

False or misleading statements or omissions that render the information provided on an application to be false or misleading are grounds for rejection of an application, for denial, or for termination of funding. In addition, the Commission reserves the right to take any other action allowed by law.
Technical Assistance

Commission staff will provide limited technical assistance to all prospective applicants as staff resources allow, until the time that a proposal has been submitted to the Commission. Staff will only provide answers to specific questions and make general comments in regard to the grant application guidelines and forms. Staff will not provide specific technical suggestions for a particular applicant nor review a draft copy of a forthcoming application.

In compliance with state regulations regarding conflict of interest and open records, Commissioners will not provide any specific advice or assistance to applicants. All applicants will be referred to Commission staff.

For Further Information, Contact:

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Public Service Commission
P.O. Box 7854
Madison WI 53707-7854
(608) 267-9780 or at dennis.klaila@wisconsin.gov

For questions concerning the PSC Electronic Regulatory Filing System:
Records Management Team
(608) 261-8524 or at pscerecs@psc.state.wi.us

Documents

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<th>Item</th>
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<tbody>
<tr>
<td>Universal Service Program Grant Application Form</td>
<td>PSC REF#: 381764</td>
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