



# **FY20 Broadband Grant Reimbursement Process**

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# Goals & Topics for Today

- Requirements & Overview
- Payment Request Form & Support Documentation
- Confidentiality & Open Records
- Submitting Your Request
- Payment

# Process Requirements & Overview

- Submit FY20 Payment Request Form
  - With support documentation
- Grant Agreements contain details
- Progress Status Report filing must be up-to-date

PSC's Obligation is to Maintain Program Integrity

# Payment Request Form

- Use updated Form for all FY20 grants
- Grants in progress for other years, use FY18-2 or 19 form, or request FY20
- FY20 is also an Excel workbook with six sheets
  - Instructions
  - Project Budget
  - Summary
  - Details
  - PartnerContrib
  - Sheet2



Microsoft Excel  
Worksheet

# Project Budget Sheet

Project Budget				
FY2020 Broadband Expansion Grant (Docket 5-BF-2020) Payment Request Form				
Grant Recipient:	Ace ISP			
Project:	Town of Anyplace			
Application ERF Reference:	<a href="#">310886</a>			
Grant Award:	150,000.00	Grant Recipient Match % <sup>1</sup> :	74.45%	
Grant Recipient's Contact:				
Contact's Email:				
		Contact's Telephone No.:		
Budget Line	Budget Line Description/Category	Total Projected Cost	Grant <sup>1</sup>	Match <sup>1</sup>
Line 1	Mainline Construction (labor & materials)	\$ 401,250.00	\$ 102,523.94	\$ 298,726.06
Line 2	Electronics	110,234.00	\$ 28,166.04	\$ 82,067.96
Line 3	Engineering & Permits	25,789.00	\$ 6,589.38	\$ 19,199.62
Line 4	Customer Premise Equipment	49,785.00	\$ 12,720.63	\$ 37,064.37
Line 5	N/A, do not enter data in this budget field		\$ -	\$ -
	<b>Total Projected Cost</b>	<b>\$ 587,058.00</b>	<b>\$ 150,000.00</b>	<b>\$ 437,058.00</b>
<sup>1</sup> <b>NOTE:</b> When reimbursing grant funds, the match percentage will ALWAYS be applied to every expense, regardless of how the budget was submitted in the application. In other words, if the budget in your application contained an expense line with no recipient match (e.g., an expense that is 100% funded by grant funds), the recipient match will still be applied to that expense during the Commission's reimbursement process per the grant Agreement.				

- Fill in gray cells
  - Keep up-to-date with each submission
- Balance is pre-completed from your application and PSC info. (ERF system Ref. #, Commission Order, etc.)

# Project Budget

## FY2020 Broadband Expansion Grant (Docket 5-BF-2020) Payment Request Form

<b>Grant Recipient:</b>	Ace ISP			
<b>Project:</b>	Town of Anyplace			
<b>Application ERF Reference:</b>	<a href="#">310886</a>	<b>Grant Recipient</b>		
<b>Grant Award:</b>	150,000.00	<b>Match %<sup>1</sup>:</b>	74.45%	
<b>Grant Recipient's Contact:</b>	Jack Frost	<b>Contact's</b>		
<b>Contact's Email:</b>	<a href="mailto:jack.frost@aceISP.com">jack.frost@aceISP.com</a>	<b>Telephone No.:</b>	608-555-3333	

Budget Line	Budget Line Description/Category	Total Projected Cost	Grant <sup>1</sup>	Match <sup>1</sup>
Line 1	Mainline Construction (labor & materials)	\$ 401,250.00	\$ 102,523.94	\$ 298,726.06
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# Details Sheet

- Request number
- Invoice Number
- Description
- Expense Amount
  - Shipping and taxes are eligible expenses
- Spreadsheet calculates grant and match on each line item

**Ace ISP, Town of Anyplace**

**Docket 5-BF-2020**

Grant Recipient's Match Percent: 74.45%

Req No	Invoice No.	Description	Total Expense	Grant	Match
Line 1	Mainline Construction (labor & materials)		\$ 401,250.00	\$ 102,523.94	\$ 298,726.06
Request Number	Invoice Number	Description	Total Expense Amount	Grant	Match
				-	-
				-	-
				-	-
				-	-
				-	-
Insert rows above (and do not use this row)					
		Line 1 Expenses Submitted to Date	\$ -		
		Remaining Budget	\$ 401,250.00	\$ 102,523.94	\$ 298,726.06
Line 2	Electronics		\$ 110,234.00	\$ 28,166.04	\$ 82,067.96
Request Number	Invoice Number	Description	Total Expense Amount	Grant	Match
				-	-
				-	-
				-	-
				-	-
				-	-
Insert rows above (and do not use this row)					
		Line 2 Expenses Submitted to Date	\$ -		
		Remaining Budget	\$ 110,234.00	\$ 28,166.04	\$ 82,067.96
Line 3	Engineering & Permits		\$ 25,789.00	\$ 6,589.38	\$ 19,199.62
Request Number	Invoice Number	Description	Total Expense Amount	Grant	Match
				-	-

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**Ace ISP, Town of Anyplace**

**Docket 5-BF-2020**

Grant Recipient's Match Percent: 74.45%

Req No	Invoice No.	Description	Total Expense	Grant	Match
Line 4	Customer Premise Equipment		\$ 49,785.00	\$ 12,720.63	\$ 37,064.37
Request Number	Invoice Number	Description	Total Expense Amount	Grant	Match
				-	-
				-	-
				-	-
				-	-
				-	-
Insert rows above (and do not use this row)					
		Line 4 Expenses Submitted to Date	\$ -		
		Remaining Budget	\$ 49,785.00	\$ 12,720.63	\$ 37,064.37
Line 5	N/A, do not enter data in this budget field		\$ -	\$ -	\$ -
Request Number	Invoice Number	Description	Total Expense Amount2	Grant	Match
				-	-
				-	-
				-	-
				-	-
				-	-
Insert rows above (and do not use this row)					
		Line 5 Expenses Submitted to Date	\$ -		
		Remaining Budget	\$ -	\$ -	\$ -
		Actual Total Expenses Reported To Date	\$ -		
		Total Project Budget	\$ 587,058.00	\$ 150,000.00	\$ 437,058.00
		Amount Requested on 0		\$ 587,058.00	
		Total Reimbursements Requested To Date	\$ -		
		Grant Funds Remaining	\$ 150,000.00		

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# Support Documentation

- Grant Agreement specifies eligible costs and document requirements
  - Receipts/Invoices
  - Employee labor
  - Expenses that do not fall into the above
  - Send as PDF attachments
- Hand-calculations
- Be prepared to explain components used in labor rates and how inventory is valued and rotated.
- Have a spreadsheet?
  - *Send the spreadsheet (not a PDF or picture)*
  - *List on RR Form as summarized entry/entries*

# Summary Sheet

- Fill in the date of your request and your name
- Form calculates
  - Amount of your request
  - Total funds requested to date
  - Remaining grant funds available

Broadband Expansion Grant Payment Request Form - Summary Docket: 5-BF-2020				
Ace ISP, Town of Anyplace				
Grant Award Amount:		\$	150,000.00	
Maximum Payout Prior to Project Completion and Final Status Report:		\$	135,000.00	
Grant Recipient Contact:		Jack Frost, jack.frost@aceisp.com, 608-555-3333		
Payment Requests				
Request Number	Date	Amount	Submitter	Comment
1		\$ -		
2		-		
3		-		
4		-		
5		-		
6		-		
		\$0.00	Total Reimbursement Requests	
		\$150,000.00	Remaining Balance	
<p><i>By including my name in the submitter box, I certify that the expenses included in the request are consistent with the grant award approved by the Commission, relate to the approved project, are properly supported, and in compliance with all terms included in the Grant Agreement between PSC and Grantee.</i></p>				

## Broadband Expansion Grant Payment Request Form - Summary

Docket: 5-BF-2020

### Ace ISP, Town of Anyplace

<b>Grant Award Amount:</b>	\$	150,000.00	
<b>Maximum Payout Prior to Project Completion and Final Status Report:</b>	\$	135,000.00	
<b>Grant Recipient Contact:</b>	Jack Frost, jack.frost@aceisp.com, 608-555-3333		

Payment Requests				
Request Number	Date	Amount	Submitter	Comment
1	9/1/2021	\$ 2,939.37	Joe Smith	3 emails due to support doc file size
2	1/5/2022	597.92	Jack Frost	
3		-		
4		-		
5		-		
6		-		
		\$3,537.29	<b>Total Reimbursement Requests</b>	
		\$146,462.71	<b>Remaining Balance</b>	

*By including my name in the submitter box, I certify that the expenses included in the request are consistent with the grant award approved by the Commission, relate to the approved project, are properly supported, and in compliance with all terms included in the Grant Agreement between PSC and Grantee.*

# Confidentiality & Open Records

- Wisc. Stat. 19.31 provides for transparency in government
- Confidentiality Request Form

Process Matters – Use the Confidentiality Request Form

# Confidentiality Request Form

## CONFIDENTIALITY REQUEST FORM

Name of Entity Making Request ("Entity")	Name of Entity Authorized Representative
Entity Address (Street & P.O. Box)	Title of Authorized Entity Representative
Entity City, St, ZIP	Email Address of Entity's Authorized Representative

The Entity Authorized Representative identified above (the "undersigned") hereby affirms that he or she has the authority to execute this form on behalf of the Entity. The undersigned further affirms that the materials and information identified below include proprietary and confidential information which qualifies as a trade secret as provided in Wis. Stat. § 19.36(5), or is otherwise material that can be kept confidential under the Wisconsin Public Records Law, Wis. Stat. §§ 19.31 to 19.39 or 196.795(9).

As such, the undersigned asks that certain pages or information, as indicated below, be treated as confidential material and not be released without giving the Entity prior notice to give its written approval, objection or other response to a request for disclosure. **Each document or page for which confidentiality is being requested must be itemized below.**

The undersigned affirms that the following is a true and accurate specific written description of the information for which confidentiality is requested. **This section identifies the sections, fields or parts of the attached document for which the request is being made and explains how the record satisfies one or more of the criteria provided in Wis. Stat. § 19.36(5) or another provision of the Wisconsin Public Records Law, Wis. Stat. § 19.31 to 19.39.**

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Invoice No./Other Document Identifier	Row No. or Page No.	Summary/Description of Confidential Information (pursuant to item 3, below)	Why is the Information Confidential? (pursuant to item 4, below)

Add additional rows to table as necessary by depressing your tab key within the bottom right field

This request is supported by the affidavit herein, which contains all of the following, pursuant to Wis. Admin. Code § PSC 2.12 (3):

1. The name and address of the person making this request.
2. The name and position of the individual filing the request on the person's behalf.
3. An accurate and complete summary of the contents of the record.
4. An explanation of how the record satisfies one or more of the criteria provided in Wis. Stat. § 19.36(5) or another provision of the Wisconsin Public Records Law, Wis. Stat. § 19.31 to 19.39.

The undersigned acknowledges that a determination by the Public Service Commission of Wisconsin (Commission) made in response to this request has only the effect of identifying the record as possibly exempt, in order that the record may be confidentially handled within the Commission. The undersigned acknowledge that a determination by the Commission to confidentially handle a record is not a determination that the record is exempt from disclosure under the Wisconsin Public Records Law.

In the event the designation of confidentiality of this information is challenged, the undersigned hereby agrees to provide legal counsel or other necessary assistance to defend the designation of confidentiality and agrees to hold the Commission harmless for any costs or damages arising out of the state's agreeing to withhold the materials.

The Commission considers other markings of confidential in the submitted document(s) to be insufficient. The undersigned agrees to hold the Commission harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Entity Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

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

State of \_\_\_\_\_ )

County of \_\_\_\_\_ ) ss:

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

Notary Expiration Date: \_\_\_\_\_  Permanent (No Expiration Date)

This document can be made available in alternate formats to individuals with disabilities upon request.

# Requesting Confidentiality

- Flag your email as confidential
  - A visual alert only, and does not protect your information
- Submit a Confidentiality Request Form (find on [WBO webpage](#))
- Payment Request Form
  - Subject to open records
  - Don't list granular info. that is personal or trade secret
  - Complete using high-level info.
  - attach granular support documentation and declare it confidential via Confidentiality Request Form

# PartnerContrib Sheet & Sheet 2

- PartnerContrib Tab
  - Top portion is pre-completed
  - Complete bottom as you collect contributions
- Sheet 2
  - Use only if you wish
  - This sheet doesn't use protection



# PartnerContrib Sheet

## Contributions - Public-Private Partnerships

Amount Pledged	Entity
5,000.00	Town of Anyplace
1,000.00	Acme Business
-	Entity 3
-	n/a
6,000.00	

Town of Anyplace		Acme Business		
Date Rec'd	Amount	Date Rec'd	Amount	Date Rec'd
8/19/2021	1,000	12/2/2021	1000	
<b>Total Collected</b>	<b>1,000.00</b>	<b>Total Collected</b>	<b>1,000.00</b>	<b>Total Collected</b>
<b>Balance Due</b>	<b>4,000.00</b>	<b>Balance Due</b>	<b>-</b>	<b>Balance Due</b>

# Submitting Your Payment Requests

- Email to [PSCBroadbandGrantReimbursement@wisconsin.gov](mailto:PSCBroadbandGrantReimbursement@wisconsin.gov)
- Email “Subject” line, please identify:
  - Grant Year-Round (FY20, FY19, FY18-2, etc.)
  - Recipient
  - Project
- Include support documentation
- Maximum email size is 30mb
- New Payment Requests are acknowledged upon receipt

# Project Status Reports

- Filings must be up-to-date per Grant Agreement

Project status reports are due on the following schedule:

**Interim Reports**

October 31, 2020

April 30, 2021

October 31, 2021

April 30, 2022

**Final Report**

November 30, 2022 or with the final request for reimbursement if the project is completed earlier.

- Program Review is done by Broadband Staff
  - Check-in before payment authorized

Scope & Significant Budget Changes Require Grant Agreement Amendment

# Payment

- Upon authorization by Broadband staff
  - Fiscal staff processes and authorizes funds to be released
  - Funds are released by the Department of Administration (DOA)
  - DOA may hold funds up to 30 days from the PSC received date
- Up to 90% of grant funds can be paid out before project is completed, final project status report has been filed and final PSC program review completed
- Contact [PSCFiscalMail@wisconsin.gov](mailto:PSCFiscalMail@wisconsin.gov) for State's Approved ACH Form



# Questions & Help

- Contact us any time
  - via email at [PSCBroadbandGrantReimbursement@Wisconsin.gov](mailto:PSCBroadbandGrantReimbursement@Wisconsin.gov)
  - By phone at 608-266-3546
- Connect With Us on [Wisconsin Broadband Office webpage](#)
  - <https://psc.wi.gov>
  - Click Programs, Wisconsin Broadband Office to arrive at the Broadband Program page
- Find other DACEA contacts from the PSC's main page
  - Click About PSCW, Contact Us