



# **FY21 Broadband Grant Reimbursement Process**

**Cath Kittle and Jason Kuhn**

**Grants Specialists**

**PUBLIC SERVICE COMMISSION OF WISCONSIN**

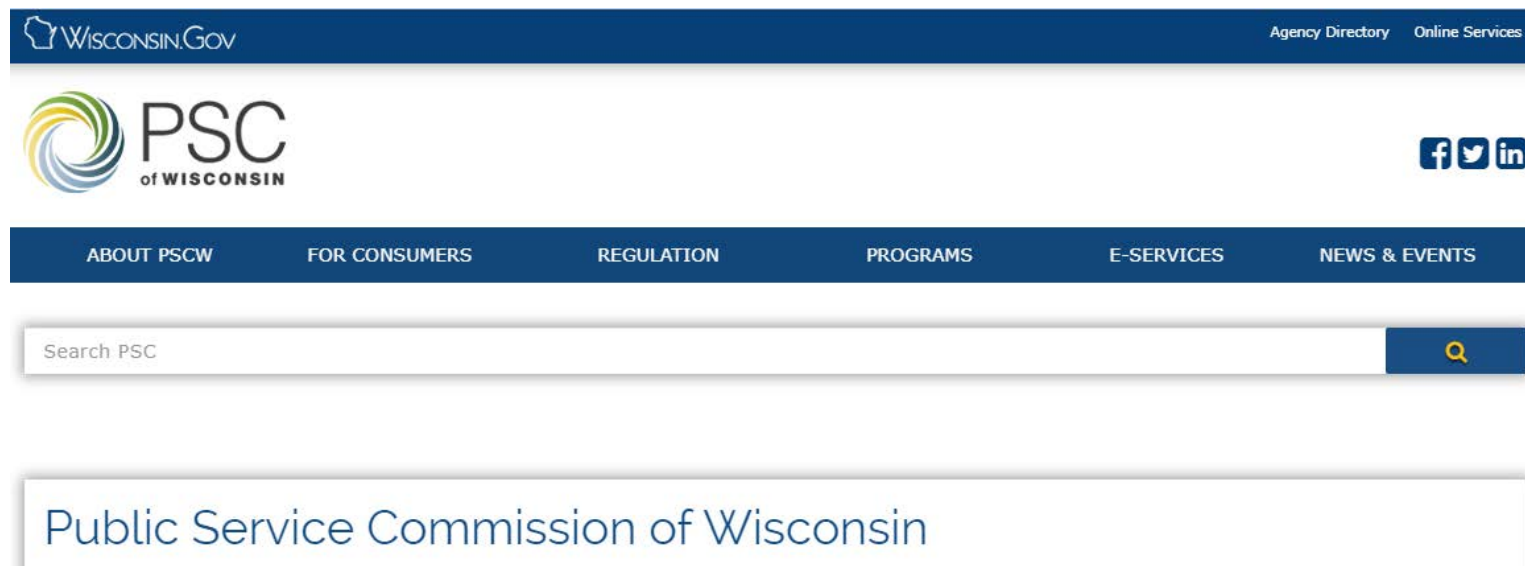
# Goals & Topics for Today

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

# Wisconsin Broadband Office Webpage

- Find us on the PSC's website at [psc.wi.gov](http://psc.wi.gov) under:

☞ Programs > Wisconsin Broadband Office > Broadband Expansion Grants



# Process Requirements & Overview

- Submit FY21 Reimbursement Request Form
  - With support documentation
  - Limited to **two** requests per year
- Grant Agreements contain details
- Progress Status Report filing must be up-to-date

PSC's Obligation is to Maintain Program Integrity

# Reimbursement Request Form

- Use updated Form for all FY21 grants
- Grants in progress for other years, use the forms you have
- FY21 is an Excel workbook with six visible sheets
  - Instructions
  - Summary
  - Detail
  - Contributions
  - Review
  - Comments

# Summary Worksheet

- Calculates payment based on your entries on the Detail worksheet
- Grant Summary, Budget, and Pledged Contributions sections are pre-completed by PSC staff
- Grantees maintain three sections
  - Contact Info
  - Reimbursement Request
  - Project Status Reports

## Grant Summary:

Grant Recipient:		Project:	
Ace Broadband		Lake Wobegone Fiber Project	
Grant Round:	Order ERF #:	Application ERF #:	
2021	277777	555555	
Grant Award:	Match Amount:	Match %:	
\$250,000.00	\$250,000.00	50.00%	

## Contact Info

Name:	Phone Number:	Email:

## Budget <sup>1</sup>

Line:	Description / Category:	Total Cost:	Grant Funds:	Match:
1	OSP Materials	\$ 90,150.00	\$ 45,075.00	\$ 45,075.00
2	Construction Labor	\$ 369,850.00	\$ 184,925.00	\$ 184,925.00
3	Engineering & Permitting	\$ 40,000.00	\$ 20,000.00	\$ 20,000.00
4	n/a	\$ -	\$ -	\$ -
5	n/a	\$ -	\$ -	\$ -
Total:		\$ 500,000.00	\$ 250,000.00	\$ 250,000.00

## Reimbursement Request <sup>1</sup>

#:	Submitter: <sup>2</sup>	Date:	Request:	Balance:
1			\$ 79,686.53	\$ 170,313.47
2			\$ -	\$ -
3			\$ -	\$ -
4			\$ -	\$ -
5			\$ -	\$ -
6			\$ -	\$ -
Total:			\$ 79,686.53	\$ 170,313.47

Maximum payout amount before project completion and final status report submission:	\$225,000.00	Is your grant fully complete and has the final project status report been submitted (Yes/No)?:	No
The following amount of your payment request will be held until project completion:	\$0.00		
The following amount of your payment request will be reduced due to exceeding grant funds:	\$0.00		
The following amount will be paid for Reimbursement Request #1:	\$79,686.53		

## Pledged Contributions

#:	Entity:	Pledge:	Received:	Balance:
1	Best City	\$ 10,000.00	\$ -	\$ 10,000.00
2	Get Well Medical	\$ 5,000.00	\$ -	\$ 5,000.00
3		\$ -	\$ -	\$ -
4		\$ -	\$ -	\$ -
5		\$ -	\$ -	\$ -
6		\$ -	\$ -	\$ -
7		\$ -	\$ -	\$ -
8		\$ -	\$ -	\$ -
9		\$ -	\$ -	\$ -
10		\$ -	\$ -	\$ -
Total:		\$ 15,000.00	\$ -	\$ 15,000.00

## Project Status Reports

#:	ERF Reference Number:	Submitted Date:	Type:	Due For:	PSC Received:
1				Biannual	
2					
3					
4					

# Summary Worksheet–Contact Info.

- Keep your entity's information up-to-date

9			
10	Contact Info		
11			
12	Name:	Phone Number:	Email:
13			
14			

# Summary Worksheet–Reimbursement Request

Reimbursement Request <sup>1</sup>				
#:	Submitter: <sup>2</sup>	Date:	Request:	Balance:
1	Ima Nut	8/1/2021	\$ 79,686.53	\$ 170,313.47
2			\$ -	\$ -
3			\$ -	\$ -
4			\$ -	\$ -
5			\$ -	\$ -
6			\$ -	\$ -
Total:			\$ 79,686.53	\$ 170,313.47
Maximum payout amount before project completion and final status report submission:		Is your grant fully complete and has the final project status report has been submitted (Yes/No)?:		
\$225,000.00		No		
The following amount of your payment request will be held until project completion:				\$0.00
The following amount of your payment request will be reduced due to exceeding grant funds:				\$0.00
The following amount will be paid for Reimbursment Request #1:				\$79,686.53

- “Sign” by entering your name and date
- Answer the question: Is your grant fully complete and has the final project status report been submitted?



# Project Status Reports

- Filings must be up-to-date per Grant Agreement, and are due:
  - Interim:*
    - October 31, 2021
    - April 30, 2022
    - October 31, 2022
    - April 30, 2023
  - *Final* due November 30, 2023 or with final request for reimbursement
- Find forms on [Broadband Expansion Grants](#) webpage
- File your Reports on [ERF](#)

# Summary Worksheet–Project Status Reports

Project Status Reports					
#:	ERF Reference Number:	Submitted Date:	Type:	Due For:	PSC Received:
1	888888	10/31/2021	Interim	Biannual	
2				Biannual	
3					
4					
5					
6					

<sup>1</sup> When reimbursing grant funds, the match percentage will ALWAYS be applied to every expense, regardless of

- Enter the ERF reference number
- Date it was uploaded to ERF
- Select the report type, either interim or final.

# Detail Worksheet

	A	B	C	D	E	F
1	<b>Line 1: osp Materials</b>			<b>Total Cost:</b>	<b>Grant Funds:</b>	<b>Match:</b>
2				\$90,150.00	\$45,075.00	\$45,075.00
3	<b>RR #:</b>	<b>Invoice Number:</b>	<b>Description:</b>	<b>Total Cost:</b>	<b>Grant Funds:</b>	<b>Match:</b>
4	1	20-17678-1	Millennium	\$ 3,241.65	\$ 1,620.83	\$ 1,620.83
5	1		check #45891--Land purchase from Jones,	\$ 20,882.29	\$ 10,441.15	\$ 10,441.15
6	1	20-17548-2	Millennium-75 widgets & 75 doohickeys	\$ 19,346.59	\$ 9,673.30	\$ 9,673.30
7	1	IN102010308	FiberOne Store	\$ 698.57	\$ 349.29	\$ 349.29
8	1		Ace Hardware 7/14/2021	\$ 357.21	\$ 178.61	\$ 178.61
13					\$ -	\$ -
14	Insert rows above (and do not use this row)				\$ -	\$ -
15	<b>Line 1 - osp Materials Total:</b>			<b>\$ 44,526.31</b>	<b>\$ 22,263.16</b>	<b>\$ 22,263.16</b>
16	<b>Line 1 - osp Materials Budget:</b>			<b>\$ 90,150.00</b>	<b>\$ 45,075.00</b>	<b>\$ 45,075.00</b>
17	<b>Line 1 - osp Materials Balance:</b>			<b>\$ 45,623.69</b>	<b>\$ 22,811.85</b>	<b>\$ 22,811.85</b>
18						
19	<b>Line 2: Construction &amp; Labor</b>			<b>Total Cost:</b>	<b>Grant Funds:</b>	<b>Match:</b>
20				\$369,850.00	\$184,925.00	\$184,925.00
21	<b>RR #:</b>	<b>Invoice Number:</b>	<b>Description:</b>	<b>Total Cost:</b>	<b>Grant Funds:</b>	<b>Match:</b>
22	1	4987	J&S Utility Construction	\$ 110,640.00	\$ 55,320.00	\$ 55,320.00
31					\$ -	\$ -
32	Insert rows above (and do not use this row)				\$ -	\$ -
33	<b>Line 2 - Construction &amp; Labor Total:</b>			<b>\$ 110,640.00</b>	<b>\$ 55,320.00</b>	<b>\$ 55,320.00</b>
34	<b>Line 2 - Construction &amp; Labor Budget:</b>			<b>\$ 369,850.00</b>	<b>\$ 184,925.00</b>	<b>\$ 184,925.00</b>
35	<b>Line 2 - Construction &amp; Labor Balance:</b>			<b>\$ 259,210.00</b>	<b>\$ 129,605.00</b>	<b>\$ 129,605.00</b>
36						
37	<b>Line 3: Engineering &amp; Permitting</b>			<b>Total Cost:</b>	<b>Grant Funds:</b>	<b>Match:</b>
38				\$40,000.00	\$20,000.00	\$20,000.00
39	<b>RR #:</b>	<b>Invoice Number:</b>	<b>Description:</b>	<b>Total Cost:</b>	<b>Grant Funds:</b>	<b>Match:</b>
40	1		engineering 40 hrs @ \$105.17, week of 3/1	\$ 4,206.80	\$ 2,103.40	\$ 2,103.40
41					\$ -	\$ -
42					\$ -	\$ -

- Reimbursement request number (same as Summary worksheet signature line)
- Identify support document, enter:
  - Invoice Number, if any
  - Description
  - Total expense
- Grant Funds & Match are calculated
- Add rows on each subsequent Request do not delete prior entries

# 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
- Ensure hand-calculations are correct
- Be prepared to explain components used in labor rates and how inventory is valued and rotated, and furnish labor details & invoices as requested.
- Have a spreadsheet?
  - Send the spreadsheet (not a PDF or picture)
  - Can then list on RR Form as summarized entry/entries

# 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.**

---



---



---



---



---

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

- Submit a Confidentiality Request Form (find on [webpage](#))
- Flag your email as confidential
  - Visual alert only, and does not protect your information
- 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

# Contributions Worksheet

	A	B	C	D	E	F
1	<b>#1: Best City</b>		<b>#2: Get Well Medical</b>		<b>#3:</b>	
2	Total Pledge: \$10,000.00		Total Pledge: \$5,000.00		Total Pledge: \$0.00	
3	Date Received: ▾	Amount: ▾	Date Received: ▾	Amount: ▾	Date Received: ▾	Amount: ▾
4	3/27/2021	\$ 5,000.00	6/15/2021	\$ 5,000.00		
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	Total:	\$ 5,000.00	Total:	\$ 5,000.00	Total:	\$ -
16	Pledge:	\$ 10,000.00	Pledge:	\$ 5,000.00	Pledge:	\$ 5,000.00
17	Balance:	\$ 5,000.00	Balance:	\$ -	Balance:	\$ 5,000.00
18	<b>#4:</b>		<b>#5:</b>		<b>#6:</b>	
19	Total Pledge: \$0.00		Total Pledge: \$0.00		Total Pledge: \$0.00	
20	Date Received: ▾	Amount: ▾	Date Received: ▾	Amount: ▾	Date Received: ▾	Amount: ▾
21						

- Track 3<sup>rd</sup> party contributions as they are collected.
- Account for all promised contributions by end of performance period.



# Review Worksheet

- Displays alerts
- Also used to convey info. back to recipients on claims in process

	A	B	C
1	Form Warnings		
2			
3	\$25000 of your payment request will be held until project completion		
4	Your payment request will be reduced by \$80328.53 due to exceeding available grant funds		
5			
6	Construction Labor is over allowable amount. A grant ammendment may be nessesary.		
7			
8			
9			
10	PSC Identified Issues		
11	RR #: <input type="text"/>	Issue: <input type="text"/>	Addressee: <input type="text"/>
12	1	Amendment is necessary - project >20% over budget and not yet complete	Yes
13	Insert rows above (and do not use this row)		



Microsoft Excel  
Worksheet

# Comments Worksheet

- For Recipients' use, to convey additional info. about an entry or request

	A	B	C
1	Comment Log		
2	RR #: <input type="text"/>	From: <input type="text"/>	Comment: <input type="text"/>
3			
4			
5			
6			
7			
8			
9			
10			
11			

# 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.)
  - Project
  - Recipient
- Maximum email size is 30mb
- New Reimbursement Requests are acknowledged upon receipt

Two Requests per Grant per Year

# Amendments

- Scope & significant budget changes require an amendment to the grant Agreement
  - Any transfer of funds among cost categories, direct or indirect, that exceed or are expected to exceed 20 percent of the total project cost
- Contact Dennis Klaila, the program manager when an amendment is suspected at [Dennis.Klaila@Wisconsin.gov](mailto:Dennis.Klaila@Wisconsin.gov)

Amendments must be in place before payments can be made.

# 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



# Connect With Us

- Contact us any time about reimbursements via email at:
  - [PSCBroadbandGrantReimbursement@Wisconsin.gov](mailto:PSCBroadbandGrantReimbursement@Wisconsin.gov)
- Program & mapping questions, click Connect With Us from [Wisconsin Broadband Office webpage](#)
  - For the program manager's contact info., click on Broadband Expansion Grants to find Dennis Klaila's contact info. near bottom of the page
- <https://psc.wi.gov>
  - Find other DACEA contacts from the PSC's main page
    - Click About PSCW, Contact Us