

Workforce Innovation Grant Program

APPLICATION INSTRUCTIONS

Application Webpage: doa.wi.gov/Pages/WorkforceInnovationGrantProgram.aspx

The Department of Administration is using DocuSign to collect applications for the Workforce Innovation 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 Application Guide prior to beginning the application process, available here: <https://wedc.org/programs-and-resources/workforce-innovation-grant/>

APPLICATION CHECKLIST AND DOCUMENT LINKS

	Document	Note	Due Date
<input type="checkbox"/>	Application Form	Required. Available here.	October 25, 2021, at 2:00 PM Central Time
<input type="checkbox"/>	Attachment A: Logic Model	Required. Available here.	October 25, 2021, at 2:00 PM Central Time
<input type="checkbox"/>	Attachment B: Letters of Commitment	Required. Please see instructions below	October 25, 2021, at 2:00 PM Central Time
<input type="checkbox"/>	Attachment C: Application Narrative	Required. Available here.	October 25, 2021, at 2:00 PM Central Time
<input type="checkbox"/>	Attachment D: Budget	Required. Available here	October 25, 2021, at 2:00 PM Central Time
<input type="checkbox"/>	IRS Form W-9	Required. Available here.	October 25, 2021, at 2:00 PM Central Time
<input type="checkbox"/>	DOA-8027	Optional. Available here.	October 25, 2021, at 2:00 PM Central Time

Please note: A Grant Application, Application Narrative Section, Logic Model, Letters of Commitment, and IRS Form W-9 are required. Applications will not be considered complete without the submission of all required documents.

Convenience Copy of Grant Application: A link to a convenience copy of the application is [available here](#). The convenience copy is for reference prior to submitting the application via DocuSign. The convenience copy is for your 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. 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 three fields if you would like to add additional recipients for the confirmation.
4. Click “Begin Signing” when you are done entering information.

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

DO NOT USE. Round 1 is closed. Document is maintained for open records purposes.

Submission Instructions for all Documents (Continued):

The screenshot below shows steps 1-4 visually.

The screenshot shows the 'PowerForm Signer Information' page. At the top right, there is a 'BEGIN SIGNING' button and a 'HELP' link. The page is divided into sections for the Program Applicant and additional recipients. Callout boxes provide instructions for each section.

PowerForm Signer Information

Workforce Innovation Program Application Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

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

Program Applicant, Authorized Representative (first and last name)

Your Name: *

Full Name

Your Email: *

Email Address

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

DOA Grant Administration

Name:

Workforce Innovation Program

Email:

workforceinnovation@wisconsin.gov

Email a Copy of Finalized Form (Recipient 1)

Name:

Full Name

Email:

Email Address

Email a Copy of Finalized Form (Recipient 2)

Name:

Full Name

Email:

Email Address

Email a Copy of Finalized Form (Recipient 3)

Name:

Full Name

Email:

Email Address

BEGIN SIGNING

Callout Box 1 (Top Left): 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.

Callout Box 2 (Middle Right): Do NOT change anything in the Grant Administration fields.

Callout Box 3 (Bottom Left): 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 three fields if you would like to add additional recipients for the confirmation.

Callout Box 4 (Bottom Right): Click "Begin Signing" when you are done entering information.

Workforce Innovation Grant Application Instructions

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. **Strongly Recommended:** 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.
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.

Please Review & Act on These Documents

Please see below for a link to the Workforce Innovation Program Application.

Please read the [Electronic Record and Signature Disclosure](#)

☐ I agree to use electronic records and signatures.

[CONTINUE](#) [FINISH LATER](#) [OTHER ACTIONS](#)

Organization Legal Name:

Doing Business As (Optional):

Organization Street Address:

Organization City:

Organization State: Organization Zip code:

Contact Person: Title:

Phone: Email:

Organization Website, if any (URL):

DFI Entity ID: EIN:

Remit (Fiscal) Contact Person (if different from contact person above):

Remit Organization Street Address:

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 and Attachments (Required):

Section 1: Applicant Information

Fill out all of the required fields (outlined in red) 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.*
 - If your organization is not required to register with the Department of Financial Institutions, please write **"Not Applicable"** in this field to proceed.
 - 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. **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: Workforce Innovation Grant Application Due Diligence Checklist:

Applicants must answer the questions in the checklist. There are several resources in the document to self-check your organization's status. Please consult your organization's legal counsel if you have any questions regarding the questions.

Section 4: Attachment A: Please download and fill out the Logic Model from the Program Website. Save and name the file with the following file name: organization_legal_name_Attachment_A_Logic_Model

Section 5, Attachment B: Please fill gather all letters of Commitment in one PDF and name the file with the following file name: organization_legal_name_Attachment_B_Letters_of_Commitment

Section 6, Attachment C: Application Narrative: Please download and fill out the Narrative section from the program website. Save and name the file with the following file name: organization_legal_name_Attachment_C_Application_Narrative

Workforce Innovation Grant Application Instructions

Section 7. Budget:

In the **Expense Description** field of the Budget, identify eligible expenses for which grant funding is requested. Similar expenses may be grouped. For example, salary and fringe for multiple staff performing similar duties may be combined on a single line. This is meant to be a high-level review of your program's grant budget.

In all **Budget** fields, the Program will accept anticipated dates, anticipated vendors/sources and anticipated amounts for expenses that have not yet been incurred but will be incurred prior to the end of the eligible period.

Please contact the program at WorkforceInnovation@wisconsin.gov if you require additional budget pages.

Section 7, Attachment D: Budget Tables & Narrative Please download and fill out the Budget Tables from the program website. Save and name the file with the following file name: organization_legal_name_Attachment_D_Budget

Section 7.2 Budget Summary:

- Please copy the totals from Sections 7.1 and Section 7.2 from attachment D in these fields.

Section 8 Attestations and Required Signature

Applicants must certify compliance with all of the statements in the attestation section. Please consult your organization's legal counsel if you have any questions regarding the attestation statements.

Applicant Authorized Representative

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

Workforce Innovation Grant Application Instructions

W-9 Form (Required):

Follow the directions 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.

s below.

FINISH **FINISH LA**

DocuSign Envelope ID: 39C06634-0437-4B95-9FD2-5DB2D380F0CD Attach a prepared W-9 document here

START

W-9
Form (Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Optional

Give Form to the requester. Do not send to the IRS.

Click here to upload an existing W-9 Form, then click "finish".

If you do not have an existing W-9, fill out the W-9 fields, sign, date, and click "finish".

Please note: If filling out a new W-9, you must fill out all fields applicable to your organization in Section 3 & 4, even if they are not highlighted in red.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ►

Exemption from FATCA reporting code (if any) ►

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

or

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 it is a trade secret. Trade Secret is defined in sec. 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 complete DOA-3027, follow the directions 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(s) of 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.

DO NOT USE. Round 1 is closed. Document is maintained for open records purposes.

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>

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