

Equitable Recovery Program APPLICATION INSTRUCTIONS

Program Webpage: doa.wi.gov/Pages/EquitableRecovery.aspx

The Department of Administration is using DocuSign to collect applications for the Equitable Recovery 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 Program Grant Announcement and these instructions prior to beginning the application process.

APPLICATION CHECKLIST AND DOCUMENT LINKS

	Document	Note	Due Date
<input type="checkbox"/>	Application Form	Required. Available here.	November 5, 2021, at 2:00 PM Central Time
<input type="checkbox"/>	IRS Form W-9	Required. Available here.	November 5, 2021, at 2:00 PM Central Time
<input type="checkbox"/>	DOA-3027	Optional. Available here.	November 5, 2021, at 2:00 PM Central Time

Please note: Both a Grant Application and IRS Form W-9 are required. Applications will not be considered complete without the submission of both completed documents.

Convenience Copy of Grant Application

A link to a convenience copy of the application is [available here](#). The program has provided a link to a convenience copy of application for reference prior to submitting the application via DocuSign. The convenience copy is for 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. ***If Required*** (please review eligibility requirements in Section 4.0 of the Grant Announcement, do not fill out if not applicable to your organization), enter the Name and Email of the Authorized Representative of your organization’s Sponsor. Please ensure that this email is correct and free from errors, as any errors in this field could prevent your application from being received. It is the applicant’s responsibility to ensure that the Sponsor receives and completes the application prior to the Application Deadline at November 5, 2021 at 2:00 PM Central Time.
3. Do NOT change anything in the Grant Administration fields.
4. To receive a completed copy of your document, 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 two additional fields if you would like to add additional recipients for the confirmation.

5. Please review all information as entered above for errors. Click “Begin Signing” when you are done reviewing information.

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

Submission Instructions for all Documents (Continued):

The screenshot below shows steps 1-4 visually.

The screenshot shows a web form titled "PowerForm Signer Information" for an "Application for Equitable Recovery Grant". The form includes several sections with input fields for names and emails. A top navigation bar contains "BEGIN SIGNING" and "HELP" buttons. Callout boxes provide instructions for each section:

- Top Left Callout:** "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." (Points to "Your Name" and "Your Email" fields)
- Top Right Callout:** "If required, enter the Name and Email of the Authorized Representative of your organization's Sponsor. Please ensure that this email is correct and free from errors, as any errors in this field could prevent your application from being received. It is the applicant's responsibility to ensure that the Sponsor receives and completes the application prior to the Application Deadline at November 5, 2021 at 2:00 PM Central Time." (Points to "Sponsor Authorized Representative" fields)
- Bottom Left Callout:** "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 two additional fields if you would like to add additional recipients for the confirmation." (Points to "Re-enter applicant name and email" and "Receive a completed copy of document" sections)
- Bottom Center Callout:** "Do NOT change anything in the Grant Administration fields." (Points to the "Grant Administrator" section)
- Bottom Right Callout:** "Click 'Begin Signing' when you are done entering information." (Points to the "BEGIN SIGNING" button)

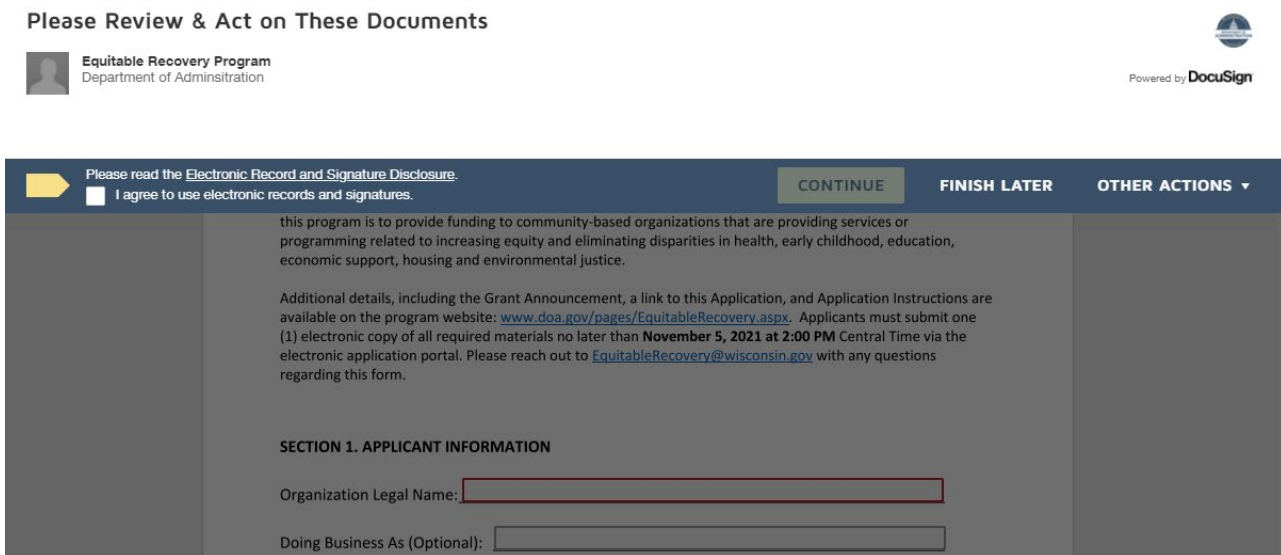
Submission Instructions for all Documents (Continued):

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. The program also strongly recommends clicking “Finish Later” any time you close the application to ensure any newly entered information is saved.
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.



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 (Required):

Section 1: Applicant Information

Fill out all of the required fields (outlined in red in DocuSign) 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.*
 - 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. This address must be able to receive a paper check, if necessary. **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.**
- **Please select which Program categories you are applying for funding under:** Applicants should choose 1 or both of the selections based on your organization's mission and services. Please note, Applicants may apply for funding in both categories if an applicant provides services in both categories, however a maximum award of \$1,000,000 still applies.

Section 2: Narrative

Be sure to answer the questions fully and adhere to all question character counts.

Question 2.1.5, Estimated number of Wisconsin Residents Served

- Please specify whether the project is in or serves a Qualified Census Tract or how the community was disproportionately impacted by the pandemic. The following link shows the Qualified Census Tracts in Wisconsin.
<https://www.huduser.gov/portal/qct/1statetable.html?statefp=55.0&DDAYEAR=2022>

Section 3: Budget

Please group similar expenses in the **Expense Description** field. This is meant to be a high-level review of your program's grant budget.

- If you receive an error in section 3 **Budget Amount** fields when trying to submit your application, please make sure that you have only entered numbers in the **Amount** field. Additional non-numerical characters or extra spaces before or after the number may result in an error.

Budget fields will appear based on your selections in Section 1, Category Funding selection. Please note, Applicants may apply for funding in both categories if an applicant provides services in both categories, however a maximum award of \$1,000,000 still applies.

Section 3.2 Budget Summary:

- The fields in this section are auto-populated based on your entries in Sections 3.1 A and 3.1 B. If there are errors, please check your work in the budgets above.

Section 4. Attestations and Required Signature

Applicants must certify compliance with all of the statements in the attestation section, , provided at the end of the application. Please consult your organization’s legal counsel if you have any questions regarding your responses to the attestation statements.

Applicant Authorized Representative:

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

For all applicants, select “finish” to send your application on in the process. Be sure to continue on to page 7 to submit your W-9!

- If your organization does not require a Sponsor to sign, your application form will be sent to the Program for review after the application deadline. You will receive a copy of the completed application if you re-entered your information as directed on page 2, Step 4. This copy serves as confirmation of application receipt by the program.
- For entities which require a Sponsor Authorized Representative signature, please continue reading.

Sponsor Authorized Representative-If Applicable

For organizations required to submit a Sponsor Authorized Representative signature, your form will be forwarded to the email you provided on Step 2, Page 2 of these instructions.

Sponsors must certify compliance with all of the statements in the attestation Sponsor Attestation section. Sponsors should consult their organization’s legal counsel if they have any questions regarding their responses to the attestation statements.

Please also describe the organization’s relationship with the applicant in 100 words or less (575 characters)

Sponsor Authorized Representative Signature and Organization Information:

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

Fill out all of the required fields (outlined in red in DocuSign). We have highlighted some required fields that may require additional attention here:

- The Sponsor 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, sponsors, *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.*
 - 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.**

It is the applicant's responsibility to ensure that the Sponsor receives and completes the application prior to the Application Deadline at November 5, 2021 at 2:00 PM Central Time. Your application is not complete without the Sponsor's Signature You will receive a copy of the completed application if you re-entered your information as directed on page 2, Step 4. This copy serves as confirmation of application receipt by the program.

W-9 Form (Required):

Follow the instructions 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

START

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

Optional

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”.

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.

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

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

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

Other (see instructions) ▶

C Corporation

S Corporation

Partnership

Trust/estate

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.

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)

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

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.

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 is a trade secret. Trade Secret is defined in s. 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 completed DOA-3027, follow the instructions 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 (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.

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>