

# HEALTHCARE INFRASTRUCTURE GRANT POST-AWARD WEBINAR

WEDNESDAY, JUNE 22, 2022 | MICROSOFT TEAMS



# WELCOME

- Program updates, guidance and next steps
- Q&A at end of webinar
- Your audio is muted
- Please enter questions or comments in the Q&A dialog box
- Recording and presentation will be made available on the Program website



# DIVISION OF ENTERPRISE OPERATIONS GRANT ADMINISTRATION TEAM

Jana Steinmetz - Administrator

John Parrish - Program and Policy Analyst-Advanced

Richard Rydecki - Deputy Administrator

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Please address all communications  
to the program email:

[HealthcareInfrastructureGrantProgram@wisconsin.gov](mailto:HealthcareInfrastructureGrantProgram@wisconsin.gov)



# PROGRAM SUMMARY - FUNDING

- Source: Federal American Rescue Plan Act, State and Local Fiscal Recovery Funds (SLFRF)
- Administered by the Division of Enterprise Operations
- Over \$100 million in funding as of May 31, 2022
- 27 grants, representing 24 communities in 22 counties



# PROGRAM SUMMARY - AWARDS

- Awards made on a competitive basis
- Awards range between \$15,000 and \$20,000,000
- Expenses must be incurred between March 3, 2021 and December 31, 2024
- Payments will be made directly to awardees following execution of Grant Agreements

Further details can be found in the Grant Announcement, FAQ and Program Website.



# ACTIVITY RECAP – THANK YOU!

- Contact Survey – Complete
- Contract Compliance/Affirmative Action Requirement - In-progress
- Subrecipient Survey – Complete/In-progress
- Financial Documentation Submittal – Complete/In-progress
- Grant Agreement and reporting form – In progress



# GRANT AGREEMENT CHECKLIST

- Grant Agreements will be executed via DocuSign
- You do not need a DocuSign account to complete this step.
- Sections required for completion on the Grant Agreement:
  - Contact information
  - Attachment A – Scope of Work
  - Attachment B – Budget information by cost category
  - Attachment D – Indirect cost rate (if applicable)
  - Attachment E – Method of Payment (remit-to address)
- Inform authorized signatory to expect agreement for signature



# GRANT AGREEMENT (DOCUSIGN) DEMO

- The Grant Agreement will be sent to the Authorized Signatory's email
- Grantee name and award amount will be filled in
- You will be prompted to fill in additional information
- If need to assign to someone else as Authorized Signatory, click "Other Actions"
- Click "Finish" to ensure the document is submitted to DOA for signature and execution





# GRANT AGREEMENT SECTIONS

## Signature and Date (page 2)

- Authorized representative must sign and date
- Enter all required information
  - Name, Title, Date
  - Project ID (will be provided by the Program)
  - UEI



# GRANT AGREEMENT SECTIONS (CONT.)

## Article 4. Agreement Administration (page 3)

- Complete all required fields
  - Name
  - Title
  - Email Address
  - Phone Number



# GRANT AGREEMENT ATTACHMENTS

## Attachment A – Scope of Work (page 13)

### 1. Scope of Work

- Provide a brief (3-4 sentences) description, drawn from application documents, of the major activities to be performed, including deliverables.

### 2. Timetable

- Provide 4-6 major project milestones and estimated dates of completion.

#### Examples:

- “Issue Bid – September 2022”
- “Receive all project permits – December 2022”
- “Substantial construction complete – Spring 2023”



# GRANT AGREEMENT ATTACHMENTS (CONT.)

## Attachment B – Budget (pages 14-18)

- Identify eligible expenses for which funding is requested
- Place expenses into appropriate cost categories
- Include cost-share that was part of the application and is required for project completion.
- Refer to pages 16-18 of the draft agreement for descriptions of the cost categories



# GRANT AGREEMENT ATTACHMENTS (CONT.)

## Attachment E – Method of Payment (page 21)

- Enter remit-to address in the event payment is made by mailed check

Note: Further communication will be provided regarding payment processing following execution of Grant Agreements



# GRANT AGREEMENT ATTACHMENTS (CONT.)

## Attachment F – Federal Compliance Requirements (pages 22-26)

- Carefully review
- Sign and date (page 26)



# BUDGET - ELIGIBLE EXPENSES

- All use of funds shall be compliant with applicable provisions of the federal American Rescue Plan Act, and Program terms and conditions.
- Expenses must have been included in the budget submitted in the application and must be compliant with federal regulations (2 C.F.R 200)



# SEMI-ANNUAL REPORT AND PAYMENT REQUEST FORM

## Grant Agreement – Attachment C

- Forms may be submitted after the Grant Agreement is fully executed AND grantees have complied with any additional requirements (e.g. payment forms or affirmative action documentation).
- Grantees will initiate the process by following link to submit via DocuSign on the Program Website at <https://doa.wi.gov/Pages/HealthcareInfrastructure.aspx>





# SEMI-ANNUAL REPORT AND PAYMENT REQUEST FORM (CONT.)

- Request for payment may include funds advance and/or reimbursement. Grantees are strongly advised to carefully track when costs are incurred and when funds are requested for specific costs.
- Costs will be audited.
- For payments to be made *in advance*, payment requests must be received 30 days prior to the start of the period.



# SEMI-ANNUAL REPORT AND PAYMENT REQUEST FORM (CONT.)

- Complete Section 1.
  - Complete all fields. Be sure to include the Project ID from the grant agreement
- Complete Section 2.
  - Column (1) Grant Amount. Enter amount by cost category as it appears on Attachment B – Budget of your Grant Agreement
  - Column (2) Payment Request. Enter the payment request by cost category
  - Column (3) Cost-Share. Enter cost-share (match) amount (from Attachment B – Budget)



# SEMI-ANNUAL REPORT AND PAYMENT REQUEST FORM (CONT.)

- Supporting documentation is not required, but the Program may request additional information to support reported costs
- Approving payment does not indicate that the Program is making determinations on eligibility of costs



# ADDITIONAL NOTES

- Grantee organization is responsible for documenting expenses are eligible under the American Rescue Plan Act.
- Ineligible cost determinations made by State or Federal audits must be repaid to the State.
- Grantee organization must keep records of eligible costs for 5 years.



# NEXT STEPS

- Program is completing due diligence, program fiscal set up, and capacity assessments.
- Grant Agreements will be routed via DocuSign for signature
- Semi-annual Report and Payment Request Form will be made available on the program website after Grant Agreements are routed
- Grant negotiations: Requesting deviation from the standard terms and conditions or changes to payment procedures will result in delayed agreement processing. Requests may be sent to the program email.



# NEXT STEPS (CONT.)

## Locations of further information

- Program contact

[HealthcareInfrastructureGrantProgram@wisconsin.gov](mailto:HealthcareInfrastructureGrantProgram@wisconsin.gov)

- Program website

<https://doa.wi.gov/Pages/HealthcareInfrastructure.aspx#>

- Links to U.S. Treasury

Coronavirus State and Local Fiscal Recovery Funds [website](#)



**Q & A** Enter questions in the Q&A dialog box.

Q&A document will be published on the program website with additional questions and answers

## CONTACT

[HealthcareInfrastructureGrantProgram@wisconsin.gov](mailto:HealthcareInfrastructureGrantProgram@wisconsin.gov)

