



Beyond the Classroom Grant Program
REIMBURSEMENT REQUEST INSTRUCTIONS

Document Updated: September 9, 2022

Program Webpage:

doa.wi.gov/Pages/BeyondtheClassroom.aspx

The Department of Administration is using DocuSign to collect Reimbursement Requests for the Beyond the Classroom 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 Reimbursement Request.

Please Review This Document in Full Prior To Submitting the Reimbursement Request

REIMBURSEMENT REQUEST CHECKLIST

	Document	Note	Due Date
<input type="checkbox"/>	Reimbursement Request Form	Required for payment. Available here.	Please see Section 1.8 Reimbursement Requests of the Grant Announcement . Only one reimbursement request will be allowed per Grantee per eligible expense period.
<input type="checkbox"/>	Organization Grant Agreement	Helpful to have on hand when completing this document.	Executed Agreement required to process Reimbursement Request.

Convenience Copy of Reimbursement Request

A link to a convenience copy of the Reimbursement Request is [available here](#). The program has provided a link to a convenience copy of the Reimbursement Request for reference prior to submitting the document via DocuSign. The convenience copy is for internal organization review only and will not be accepted by the program as an official Reimbursement Request.

Please continue reading this document for instructions on how to submit your official Reimbursement Request.

Submission Instructions for Reimbursement Request Form:

To Begin the Document:

Open the link for the Reimbursement Request Form in the table above.

The first page you will be directed to is the “PowerForm Signer Information.” The person entering the information on the Reimbursement Request should be an authorized representative of the organization.

1. Enter the authorized representative’s first and last name in the “Your Name” field, and the authorized representative’s email in the “Your Email” field. **The Authorized Representative will automatically receive a copy of the form when completed.**
2. Do NOT change anything in the Grant Administrator fields. Any change to this information will result in a delay in processing your reimbursement request.
3. **To designate additional recipients for the completed copy of the reimbursement request, enter the name and email address of up to 2 additional recipients in the spaces below.**
4. Please review all of your information for errors. Click “Begin Signing” when you are done entering information.

The screenshot on page 3 shows steps 1-4 visually.

1. Enter the authorized representative's first and last name in the "Your Name" field, and the authorized representative's email in the "Your Email" field. **The Authorized Representative will automatically receive a copy of the form when completed.**

PowerForm Signer Information

Instructions

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

Organization Authorized Representative

Your Name: *

Your Email: *

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

DO NOT CHANGE THIS FIELD - Beyond the Classroom

Name:

Email:

Receive a completed copy (recipient 1)

Name:

Email:

Receive a completed copy (recipient 2)

Name:

Email:

2. Do NOT change anything in the Grant Administrator fields.

Any changes to this field will result in a delay processing your reimbursement request.

3. To designate additional recipients for the completed copy of the reimbursement request, enter the name and email address of up to 2 additional recipients in the spaces below.

4. Please review all of your information for errors. Click

BEGIN SIGNING

Submission Instructions for Reimbursement Request Form (Continued):

Filling Out the 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 Reimbursement Request.
4. Please fill out all fields as applicable to your organization. (Detailed instructions follow below)

The screenshot below shows the “Please review & act on These Documents” page.

Please Review & Act on These Documents

Beyond the Classroom
Department of Administration

Beyond the Classroom Reimbursement Request Form.

Please complete the Reimbursement Request prior to the Deadlines outlines in the Program Grant Agreement. Summer 2021 Requests are due by October 6, 2021. Instructions are available at the program website: <https://doa.wi.gov/Pages/BeyondtheClassroom.aspx>
[View Less](#)

Please review the documents below.

CONTINUE FINISH LATER OTHER ACTIONS ▾

INSTRUCTIONS: Program Grantees shall use this form for purposes of submitting reimbursement requests for eligible expenses under the Program. Grantees are instructed to carefully review their Grant Agreements prior to submitting a reimbursement request. Additional information regarding Program requirements are found in the Grant Announcement, Program Question and Answer Document, and Program webinar materials available on the Program website: <https://doa.wi.gov/Pages/BeyondtheClassroom.aspx>.

Grantees may review further guidance at the U.S. Department of the Treasury website: <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>.

The Department will accept one reimbursement request per grantee per period as outlined in the table below.

Expense Period	Reimbursement Requests Due Dates
Summer 2021 (May 1 through September 1)	October 6, 2021
Fall 2021 (September 1 through December 31)	January 31, 2022
Spring 2022 (January 1 through May 31)	June 30, 2022
Summer 2022 (June 1 through September 1)	September 30, 2022

OFFICE USE ONLY | Date Received: 9/22/2021 | 12:09 PM CDT | Date Reviewed:

Approved amount:

Section 1: Grantee Information

- **Grantee Name:** The Organization Name, as listed on the Grant Agreement.
- **Federal Employer Identification Number** or “Employee Identification Number”. This is the number under which you file your organization’s taxes. This number should match the number you provided on your W-9. **This field is required.**

- **DUNS Number:** A DUNS number is required to receive Federal funds via this grant program. Please see the following instructions to determine if you have a DUNS number, or if you need to apply for a number: [DUNS Number Guide](#)

This field is required. Please make every effort to include a DUNS number on this form. If you apply for and do not receive a DUNS number prior to the form’s close date, please enter “Applied for” in the DUNS Number Field. Provide the number to the Program via BeyondtheClassroom@wisconsin.gov as soon as you receive it.

- **Project ID:** Please enter the Project ID, as it appears on your organization’s full-executed Grant Agreement.
- **Contact Person (all fields):** Please enter the information for the best person to contact for any questions related to this form.
- **Expense Period:** Select the expense period for which reimbursement is requested.

Section 2: Federal Reporting:

Answer both questions with the number of students served and/or participating in evidence based tutoring programs. **Estimates are acceptable. This section is required.**

- The Definition of evidence-based Tutoring programs is provided on page 21 of this document: <https://www2.ed.gov/documents/coronavirus/reopening-2.pdf>
- **Please enter NA, then check the box below each question, if you did not collect the data for the reporting period. The program will not approve requests that do not provide an estimate above zero to at least one of the Federal Reporting questions.**

Please also include a brief narrative of the services provided during the specific reporting period.

Section 3: Reimbursement Request

Complete the table with eligible costs for which you organization seeks reimbursement. Include only costs that were incurred during the expense period checked in Section 1. Similar expenses may be grouped in this section. For example, salary and fringe for multiple staff performing similar duties may be combined on a single line. (See below for a completed sample table)

- The **Total Reimbursement Request** will auto-populated based on your entries in the table. If there are errors, please check your work in the “**Amount**” fields above.
- If you receive an error in section 3 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.

Section 3 Sample Table:

!! SAMPLE !!		
Section 3 REIMBURSEMENT REQUEST		
!! SAMPLE !!		
Expense Date or Period	Amount	Expense Description (<i>include vendor/source and type of expense</i>)
9/1/2021-11/31/2021	\$15,251.25	Vendor: Smith Transport. Added additional bus transportation routes due to increased enrollment in new programs.
9/1/2021-6/1/2022	\$100,985.14	Internal staff salary and fringe. Added 2 staff to provide additional capacity for after-school tutoring services during 2021-22 school year
December 5, 2021	\$27,889.00	Computer equipment and software to provide assistance to high school students preparing for postsecondary education or employment. Purchased from Computers Direct, Inc.

Section 4. 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 Reimbursement Request, please contact the program at BeyondtheClassroom@wisconsin.gov to add an additional authorization page.

To Submit the document:

Click “Finish” when you have reviewed and completed all required fields on the Reimbursement Request. This step will forward the send the completed Reimbursement Request to the Grant Administrator and to any additional emails you provided as an “Email Copy Recipient”.

The page will automatically re-direct to the Department of Administration Homepage when you click “Finish”. After you submit, no other information is needed from you at this time. The program will reach out with any additional questions, and you

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>

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>