

## FLEXIBLE FACILITIES PROGRAM APPLICATION



The Flexible Facilities Program (FFP) (hereafter “Program”) is a competitive grant program administered by the Wisconsin Department of Administration (DOA) supported by up to \$107 million in American Rescue Plan Act of 2021 (ARPA) Capital Projects Fund (CPF) federal funding allocated to the State of Wisconsin through the U.S. Department of Treasury. The Program aims to assist communities with funding facility improvements that will provide improved work, education, and healthcare monitoring capabilities and broadband access that helps address digital equity gaps experienced during and/or as a result of the COVID-19 pandemic. Highest scoring Public Library projects will receive prioritization of funding for up to \$20 million of the FFP funds available. The remaining amount of the \$107 million total FFP funds available will be awarded to the highest scoring projects, regardless of category, that include the construction of, expansion, or renovation to a Public Library, Community Center or Multi-purpose Community Facility and meet the requirement of providing high speed internet and other digital connectivity equipment/devices that will enable work, education, and healthcare monitoring.

Wisconsin local governments or Indian Tribes are eligible to apply for funding to build or improve capital asset facilities and acquire and install digital connectivity equipment and devices that will provide improved broadband access and enable work, education, and healthcare monitoring capabilities. This includes locations that offer public library services. Public places providing academic, cultural, educational, or social services, such as senior citizen community centers, youth centers, or general community centers, are also eligible. General construction or improvement of traditional schools is ineligible under this program. Eligible projects include construction and/or renovation of buildings and the purchase and installation of equipment for remote services and broadband that will directly enable public libraries, community centers, senior centers, and similar public buildings that provide access to work, education, and healthcare monitoring in response to the COVID-19 pandemic.

Additional details, including the Grant Announcement, a link to this Application, and the scoring criteria are available on the Program website:

<https://energyandhousing.wi.gov/Pages/AgencyResources/FlexibleFacilities.aspx>.

Applicants must submit one (1) electronic copy of all required materials no later than 2:00 PM CDT on **July 11, 2024** via the electronic application portal. Please direct questions and inquiries regarding to the Flexible Facilities Program, application requirements, and this application form to [FlexibleFacilitiesProgram@wisconsin.gov](mailto:FlexibleFacilitiesProgram@wisconsin.gov).

### SECTION 1. APPLICANT INFORMATION

#### 1.1 Applicant Contact Information:

Local Government or Tribe Name:

Applicant Street:

Applicant City:

State: WI Zip Code:

Flexible Facilities Grant Application

SAM.gov Unique Entity ID (UEI) Number\*:

SAM.gov UEI Registration Expiration Date:

*\* Refer to Section 8 of this applicant form for SAM.gov UEI guidance and to attach the SAM.gov UEI registration record.*

Applicant Website, if any (URL):

County(ies) in which Applicant resides:

**Applicant's Officials:**

Chief Elected Official (CEO) Full Name:

CEO Title:

CEO Email:

Municipal Clerk Full Name:

Clerk Title:

Clerk Email:

Municipal Administrator Full Name (if not CEO or Clerk):

Administrator Title:

Administrator Email:

**1.2 Application Contact:**

*List the person to contact for requests or questions pertaining to this application.*

Application Contact Full Name:

Application Contact Title:

Application Contact Organization/Firm Name:

Application Contact Phone #:

Application Email:

**1.3 Subrecipient Information (if applicable):**

*If Applicant is applying for funds on behalf of a non-profit or another governmental entity that will be implementing the project and expending the funds, then provide the subrecipient information requested in this section. If there is more than one subrecipient, provide the subrecipient name(s) below and attach their UEI registration record in Section 8 of this application.*

Subrecipient Organization/Entity Name (if applicable):

Chief Executive/Official Name:

Chief Executive/Official Title:

Subrecipient Street Address:

Subrecipient City:

Subrecipient State: WI

Subrecipient Zip Code:

Subrecipient Phone #:

Subrecipient Email:

SAM.gov Unique Entity ID (UEI) Number\*:

SAM.gov UEI Registration Expiration Date:

*\*Refer to Section 8 of this application form for UEI guidance and to attach the UEI registration record.*

*Additional Subrecipient(s):*

**1.4 Project Site Information:**

Project Site Street Address:

Project Site City:

Project Site State: WI

Project Site Zip Code:

Additional Project site(s) if applicable:

## SECTION 2. PROJECT OVERVIEW

### 2.1 Application Type (select one):

Maximum Award of \$4,250,000.00 per project. A maximum of one (1) application per category per applicant is permitted.

#### Application Category:

**Category A:** Capital projects for the construction of a new Public Library, Community Center or Multi-purpose Community Facility and the purchase and installation of digital connectivity equipment for broadband that directly enable work, education, and healthcare monitoring in response to the COVID-19 pandemic;

#### OR

**Category B:** Capital projects for the renovation of one or more existing Public Library, Community Center or Multi-purpose Community Facility and the purchase and installation of digital connectivity equipment for broadband that directly enable work, education, and healthcare monitoring in response to the COVID-19 pandemic.

#### Facility Type:

Public Library

Community Center (Specify Type):

Multi-purpose Community Facility (Specify Type):

Will the multi-purpose community facility include a public library space that will be used to meet the goals and requirements of the FFP project?

Yes

No

### 2.2 Project Title:

*Enter a brief and descriptive title of the project (Example: Village of Yourtown - Community Center Construction Project; or Village of Yourtown - Library Renovation Project):*

**2.3 Planned Project Specifications:**

Planned type of features, the number of each type of feature, and square footage of the space(s) being constructed or improved:

Check Here to Select Feature Type:	Feature Type:	Enter Number of This Type of Feature:	Enter Square Footage of Added Space (as applicable):
	Classroom[s]		
	Computer lab[s]		
	Multi-purpose space[s] (specify):		
	Telemedicine room[s]		
	Other Space (specify additional Feature Type[s]):		
Check Here to Select Feature Type:	Equipment Type:	Enter Number of This Type of Feature:	
	Desktop Computer[s]/PCU[s]		
	Laptop Computer[s]		
	Printer[s]		

	Other Computer Equipment (specify additional Equipment Type[s]):	
	Other Digital Technology Connectivity Items/Equipment (specify additional Equipment Type[s]):	

#### 2.4 Persons Served, Project Location and Fees:

Respond to the questions presented in this section to provide the following:

- 1) the estimated number of individuals (i.e., intended primary beneficiaries) to be served by the project;
- 2) the method of the calculation, including the source(s) used, to determine the estimated number of intended primary beneficiaries to be served; and
- 3) the location of the facility (i.e., project site) in relation to where the intended primary beneficiaries live.

#### 2.4(a) The Estimated Number of Individuals to be Served:

#### 2.4(b) Method of Calculation for the Estimated Number of Persons To Be Served:

*Note: While websites may be listed as sources, the data obtained from any websites must be presented in the space provided. The applicant is responsible for locating and obtaining the data and presenting it within this application form.*

#### 2.4(c) Location of Facility in Relation to Persons Served:

- i. How close is the facility to where *the majority* of the intended primary beneficiaries of the project live?

Less than 5 Miles

5 to 9.99 Miles

10 to 20 Miles

Greater than 20 Miles

- ii. Is the facility (i.e., the proposed project site) accessible through public transportation?

YES

NO

**2.4(d) Fees Charged to Users:**

The aim of the Flexible Facilities Program is to provide affordable and accessible services to disadvantaged persons. The goal is for these services to be provided free of charge. Will users of these services be charged any fees?

YES

NO

*Note: Any fees charged will be subject to [2 CFR § 200.307](#) and the applicant is expected to adhere to these rules. Program income generated by Capital Projects Fund (CPF)/Flexible Facilities Program (FFP) grant funding investments must be invested throughout the CPF/FFP period of performance (ending October 31, 2026). In addition, the State and FFP Grantees are required to add program income to the CPF/FFP award pursuant to [2 CFR 200.307\(e\)\(2\)](#). Program income must be utilized and applied to benefit the same project from which it was generated.*

If yes, please estimate and describe any fees that will be charged.

**SECTION 3. PROJECT NARRATIVE**

This portion of the application will be scored and used as a basis for evaluating the application. Please answer all questions completely and be as specific as possible when answering. Applicants shall concisely provide responses for EACH question.

**3.1 Project Description: (10 points)**

In the space provided in this section, describe:

- 1) the proposed project scope, and
- 2) the applicant's (and subrecipient's, if applicable) mission, goals, and experience as they relate to the community services proposed for the project.

**Maximum 10 points possible.** *The score will be based on the extent to which and the level of specificity to which the applicant's mission and goals relate to the scope of the community services proposed, and extent to which the demonstrated relevant experience specifically relates to the scope of community services proposed. (Approximately 2500 characters/400 words)*

**Project Description Narrative:**

**3.2 Project Need: (40 points)**

In the space provided in this section, describe:

- 1) the existing problem that demonstrates the critical need for the proposed project specifically for the population(s) intended to benefit from the project (i.e., primary beneficiaries) – include relevant information about the population such as targeted economic, socioeconomic, age, race/ethnicity, and/or other relevant demographic group(s), residence status, and/or other population characteristics, as applicable);
- 2) how the population(s) intended to benefit from the proposed project (i.e., primary beneficiaries) experienced disadvantages and/or challenges in accessing services for work, education, and healthcare monitoring as a result of the COVID-19 pandemic; and
- 3) how the population(s) intended to benefit from the proposed project (i.e., primary beneficiaries) was/were disproportionately impacted by COVID-19 compared to other populations.

Include relevant data and information and associated sources, as available, to quantify and qualify the disadvantages/challenges and disproportionate impact.



*Note: While websites may be listed as sources, the data obtained from any websites must be presented in the space provided to be considered for scoring. If using internet sources, the applicant is responsible for locating and obtaining the data and presenting the data within this application form (in addition to citing the source).*

**Maximum 40 points possible.** *The score will be based on the extent to which the critical need(s) is/are demonstrated; the extent of the existing historical disadvantages and/or challenges facing the population to be served by the project; the extent of the project's impact on the population to be served has experienced in accessing services for work, education and healthcare monitoring as a result of the COVID-19 pandemic; and the extent to which supporting data and information (including cited sources) are provided in the space provided. (Approximately 2500 characters/400 words)*

**Project Need Narrative:**

COURTESY COPY  
NOT FOR SUBMISSION

### 3.3 Project Reach: (30 points)

In the space provided in this section, precisely describe the project's reach for work, education, and healthcare monitoring, including the following in the response:

- 1) How the project will provide work, education, and healthcare monitoring in response to the COVID-19 pandemic;
- 2) How the project will *improve* the intended primary beneficiaries' *access* to the types of facility and/or equipment improvements proposed for work, education, and healthcare monitoring, and any other accessibility improvement factors considered in the project design; and
- 3) How innovative approaches, if any (in the nature of the design, method(s) and/or location(s) of service(s) delivery, type(s) of equipment, implementation, collaboration(s), etc.), will be used for addressing all three criteria (work, education, and healthcare monitoring).

The responses should demonstrate the intended reach is feasible to accomplish for all three criteria (work, education, and healthcare monitoring).

**Maximum 30 points Possible.** *The score will be based on the extent to which new or renovated space(s) and broadband resources are incorporated and the amount of FFP funds will be used to address needs pertaining to the three criteria of work, education, and healthcare monitoring; the extent to which the project proposed will result in improved accessibility to the type of facility and/or equipment proposed to address the three criteria and is demonstrated as feasible; and the extent to which and level of innovation incorporated into the applicant's approach to fulfilling each criterium. (Approximately 2500 characters/400 words)*

**Project Reach Narrative:**

### **3.4 Sustainability Plan: (10 points)**

In the space provided in this section, describe the capacity and plan for the applicant to maintain and sustain the services proposed for at least five years after the completion of the proposed project. Consider all costs to maintain and sustain the new facility or improved facility(ies), equipment/devices, and services proposed.

**Maximum 10 points possible.** *The score will be based on the specificity and scope of the applicant's plan and the applicant's demonstrated level of operational and financial capacity to maintain the project for at least five years after the completion of the project. (Approximately 1500 characters/250 words)*

**Sustainability Plan Narrative:**

## **SECTION 4. COMMUNITY ENGAGEMENT**

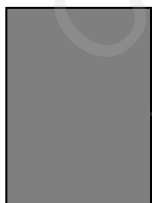
In the space provided in this section, describe how the applicant solicited community input on the proposed project prior to application submission and provide a community engagement plan to ensure community input during the project implementation. *(Approximately 1500 characters/250 words)*

**Community Engagement Efforts & Plan:**

**SECTION 5. PROJECT BUDGET**

Provide a detailed budget identifying all costs of the proposed project by attaching a completed Project Budget Form as Attachment A and providing the information requested in this section. Only eligible expenses may be included for the grant-funded activities. The budget documentation and information are required but not scored. Further details regarding eligible expenses can be found in the Grant Announcement.

**5.1 Attachment A – Project Budget:**



Attach your Project Budget here.

Please download and fill out the Project Budget Form on the Flexible Facilities Program website at:

<https://energyandhousing.wi.gov/Pages/AgencyResources/FlexibleFacilities.aspx>  
(under the “Application Materials” section).

Save and upload the file here with the following file name:

(Applicant Name)\_Attachment\_A\_Budget

**5.2 Budget Summary:**

Please copy the totals from the subtotal row of the FFP Budget Form:

Requested Grant Funds: \$

Check here if your project has Match Funds      Match Funds: \$

Total Costs (auto populated): \$ 0.00

**5.3. Professional Services Contract Costs:**

In the spaces provided below, list the professional services contracts that have been or potentially will be executed for the FFP project and provide the procurement information requested, and indicate whether a request for non-competitive procurement will be made if the applicant is awarded funds. Refer to the Grant Announcement for further guidance regarding this section.

Professional Service Type: (e.g., Architectural, Engineering, Grant Administration, Acquisition, etc. – Excluding Grant Application Preparation Assistance)	Contract Executed? (Check Yes or No to indicate whether contract is executed)	Applicant will be requesting approval of non-competitive procurement, if awarded FFP funds, from DEHCR for this contract under the provisions of 2 CFR § 200.320(c)? (Check Yes or No. A request would only be required if the applicant plans to request the use of FFP funds to cover all or part of the contract cost and it was or will be non-competitively procured.)		
1)	YES      NO	YES	NO	TBD
2)	YES      NO	YES	NO	TBD
3)	YES      NO	YES	NO	TBD
4)	YES      NO	YES	NO	TBD
5)	YES      NO	YES	NO	TBD
6)	YES      NO	YES	NO	TBD

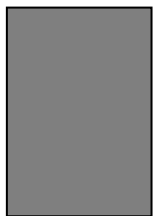
**SECTION 6. MATCH FUNDING (10 points)**

This portion of the application will be scored and used as a basis for evaluating an applicant's project readiness in terms of financial capacity, funding availability, and financial risk for completing the entire project as proposed in the grant application in accordance with project timeline specifications.

No minimum match is required for the Program. However, if the applicant's total project cost (as presented in the Project Budget in the attachment for Section 5 of this Application) exceeds the Program grant amount requested, then documentation is needed to confirm the applicant has the financial capacity and funds readily available to complete the project as proposed. This includes official documentation of match funds on hand in the applicant's existing financial account(s) and/or approved as secured or awarded from a financial institution or other funding

source and officially committed to the project by the applicant's governing body and/or from another source; pending from another source; and/or having another status. The applicant is to demonstrate that any funding needed from other financial sources is secured and committed to the project so it is ready to proceed immediately upon award, if the applicant is awarded Flexible Facilities Program grant funds. Projects must be funded sufficiently to complete the entire project according to the timeline specified in the Grant Announcement. The applicant must have 100% of the funding necessary to complete the project secured and committed to the project prior to the grant agreement being executed, if awarded Flexible Facilities Program grant funds.

**Maximum 10 points possible.** *The score will be based on the percentage of match secured and officially committed specifically to the applicant's proposed Flexible Facilities project and the extent to which official documentation (from funding sources and commitment sources) is provided to verify the funds are secured and officially committed to the project. Maximum points will be awarded if official documentation is provided that verifies 100% of the match funding needed to complete the project is secured and officially committed by the applicant's (and/or subrecipient's) governing body to the proposed Flexible Facilities project. If no additional funding is needed (i.e., the Flexible Facilities Program grant amount requested within a given applicant's application would be enough to cover the total project cost), then no match documentation is required and the applicant will receive 10 points for the Match score.*



**Attachment B: Match Funding Source(s) Supporting Documentation.** If the applicant's project will require additional funds to complete (above the Flexible Facilities Program grant amount requested), then attach Match Funding Source Supporting Documentation here.

Please gather all supporting documentation for match funds in one file. Then save and attach the file here with the following file name:

(Applicant Name)\_Attachment\_B\_Match\_Funds\_Documentation

## SECTION 7. FINANCIAL AUDIT INFORMATION

### 7.1. Audit Information:

Generally, a non-Federal entity that expends \$750,000 or more in federal funds during a calendar year must have a single audit (i.e., a federally funded program(s)-specific audit) conducted for the calendar year in accordance with the provision of 2 CFR § 200.501. If subject to a single audit, the entity must submit a single audit report for the calendar year to the Federal Audit Clearinghouse (FAC) within 30 days of the single audit being completed and no later than September 30<sup>th</sup> after the calendar year that was subject to the single audit.

**Did the applicant submit a single audit report for calendar year 2021 and/or 2022 to the FAC?**

*Check the appropriate box(es) below and provide the additional item(s) requested for the response selected.*

YES. A single audit report was submitted to the FAC for *(check each that is applicable)*:

CY2021 – Enter date of report submission to FAC:

CY2022 – Enter date of report submission to FAC:

NO. A single audit report was *not* submitted to the FAC for CY2021 and/or CY2022.

Enter the date of the most recent standard financial audit (auditing of the applicant's financial records, procedures and processes):

**SECTION 8. SAM UNIQUE ENTITY IDENTIFICATION (UEI)**

Recipients of federal funds are required to be registered with a unique entity identification (UEI) number within the federal System for Award Management (SAM). The UEI number replaces the DUNS number that was previously required for recipients of federal funds. SAM registration is free. If you do not have a UEI, complete the entity registration process in SAM [<https://sam.gov/content/home>]. If your registration has expired, it must be renewed prior to application submission. If it expires prior to the award date (if awarded funds), the applicant will be required to renew it prior to execution of a grant agreement, if awarded funds. Enter the UEI information requested for the applicant and primary subrecipient (if applicable) in Section 1 of this application and attach the required SAM UEI record(s) specified below.

Provide a PDF copy of the record in SAM showing the applicant's name, address, UEI number, and registration expiration date.

Save and attach the file here with the following file name:

(Applicant Name)\_Attachment\_C\_SAM\_UEI\_Record\_Applicant

Provide a PDF copy of the record in SAM showing the subrecipient name(s), address(es), UEI number(s), and registration expiration date(s) (if there is one or more subrecipient entities for the project). If there are multiple subrecipients, save the SAM records for all of them in one document and upload it here.

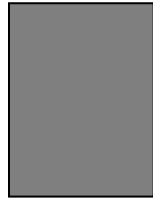
Save and attach the file here with the following file name:

(Applicant Name)\_Attachment\_C(2)\_SAM\_UEI\_Record\_Subrecipient

**SECTION 9. DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION**

*Check the item below if it is attached and then attach the document, if it is applicable to your project.*

Designation of Confidential and Proprietary Information (DOA-3027) (optional)



Provide a copy of the Designation of Confidential and Proprietary Information form (if applicable)

Save and attach the file here with the following file name:

(Applicant Name)\_Attachment\_D\_Designation\_of\_CPI

**SECTION 10. SUBRECIPIENT SURVEY**

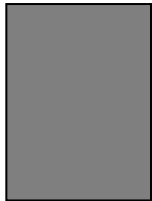
Check here if the applicant (local or Tribal government) is applying for the funds on behalf of a nonprofit organization or another government entity that will be the subrecipient of the funds to implement the project. Then complete the subrecipient survey in this section. If there are multiple subrecipients, complete the checklist for each subrecipient and include the additional checklist(s) in the attachment link provided below.

SUBRECIPIENT SURVEY				
Administrative		Yes	No	Unknown
1	Does the organization currently have a federal grant?			
1.1	If no, has the organization had a federal grant within the last 5 years?			
2	Does the organization currently have one or more staff members with experience in managing a federal grant?			
2.1	If no to question #2, will a third party be hired to manage this grant?			
2.2	If yes to question #2, how many years of experience do they have performing federal grants management?			
3	Is the program proposed for this award new to the organization?			
4	Have organization board members, executives or other staff associated with the awarded project been placed under criminal investigation or convicted of a felony within the last 5 years?			
5	Does the organization have any pending lawsuits against it that may impact its ability to carry out the award?			
6	Does the organization have written document retention procedures?			



SUBRECIPIENT SURVEY (continued)				
7	Has the organization ever had a state or federal grant withdrawn for non-compliance?			
8	Does the organization have a board of directors or similar management and oversight body?			
<b>Financial</b>		<b>Yes</b>	<b>No</b>	<b>Unknown</b>
9	Select the type of accounting system the organization uses. (Automated, Combination, Manual, Unsure)  Automated Combination Manual Unsure			
10	Has an audit been performed on the organization's financial statement within the last three years?			
10.1	If yes to question #10, does the organization have any open audit findings?			
10.2	If yes to question #10, briefly list the findings and the status of resolution of the finding(s):			
11	Does the organization have an approved federal indirect cost rate or utilize the de <i>minimis</i> indirect rate of 10 percent?			
12	Does the organization have written financial and accounting procedures?			
13	Does the organization have written travel policies or guidance related to travel spending?			
14	Are financial reports provided to and reviewed by organization leadership regularly?			
15	Can the organization's accounting system separate use of federal grant funds from the organization's other finances?			
16	Has the organization experienced cash flow deficits at any point in the previous three years?			
17	Does the organization have sufficient internal controls to establish segregation of financial duties?			
<b>Property and Procurement</b>		<b>Yes</b>	<b>No</b>	<b>Unknown</b>
18	Does the organization have written procurement procedures?			

SUBRECIPIENT SURVEY (continued)				
19	Does the organization have written asset management procedures?			
<b>Personnel</b>		<b>Yes</b>	<b>No</b>	<b>Unknown</b>
20	Does the organization have a written personnel or employee handbook?			
21	Does the organization have written policies and procedures for employee timekeeping?			
22	Does the organization have written whistleblower protection rules?			



Attach additional Subrecipient Survey(s) here.

Subrecipient Survey forms are only to be completed and uploaded here if there is more than one subrecipient for the proposed Flexible Facilities project. A Subrecipient Survey must be completed for each subrecipient (combined into one file). The Subrecipient Survey form may be downloaded on the Flexible Facilities Program website (under the “Application Attachments” section) at: <https://energyandhousing.wi.gov/Pages/AgencyResources/FlexibleFacilities.aspx>

Save and attach the file here with the following file name:

(Applicant Name)\_Attachment\_E\_Addtional\_Subrecipient\_Survey

## SECTION 11. ATTESTATIONS AND REQUIRED SIGNATURE

In accordance with applicable provisions of the Federal American Rescue Plan Act of 2021 (ARPA) and Flexible Facilities Program provisions, eligible applicants must certify the following attestations. Review each attestation (#1-11) within this section and enter the applicant’s authorized representative’s initials to certify agreement and acceptance of these requirements and terms of the grant application and funding (if awarded funds).

### Attestations:

ENTER AUTHORIZED REPRESENTATIVE’S INITIALS FOR EACH:	ATTESTATION
	1. The applicant is a Wisconsin unit of general local government (City, Town, Village, County) or Tribe.
	2. The applicant will comply with all federal and state policies and regulations, and the implementation and reporting requirements of the American Rescue Plan Act (ARPA) Capital Projects Fund – Flexible Facilities Program.

	<p>3. The applicant will comply with all other State and Federal regulations applicable to the project upon implementation, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Uniform Relocation Assistance and Real Property Acquisition Act (URA) and State of Wisconsin acquisition and relocation statutes;</li> <li>• Federal competitive procurement and contracting requirements in accordance with 2 CFR § 200.320, unless qualified as a micro-purchase under the provisions of 2 CFR § 200.320(a)(1) or approved by DOA for non-competitive procurement under the provisions of 2 CFR § 200.320(c) and local procurement policy requirements;</li> <li>• Federal and State environmental review requirements;</li> <li>• Contract Work Hours and Safety Standards Act (CWHSSA); and</li> <li>• Fair labor practices as specified in the FFP Grant Announcement.</li> </ul>
	<p>4. The applicant's proposed project will include completing activities and/or providing enhanced broadband technology services that directly enable work, education, <u>and</u> healthcare monitoring.</p>
	<p>5. The applicant will ensure that the broadband internet access provided through any facilities, services, devices, or equipment purchased with the grant funds will meet or exceed the minimum standard of providing service that reliably meets or exceeds the symmetrical download and upload speeds of 100 Mbps.</p>
	<p>6. Scheduled work will begin on the proposed project no later than June 30, 2025 and will be completed by September 30, 2026.</p>
	<p>7. The applicant will maintain records sufficient to demonstrate that the expenses were compliant with applicable American Rescue Plan Act (ARPA) provisions for at least five years from project completion.</p>
	<p>8. The applicant will ensure the operations of the broadband facilities/services for the proposed project will be sustained and maintained for at least five years after completion of the project.</p>
	<p>9. Acknowledgement of Terms for Public Disclosure: Copies of the application materials, excluding materials deemed to be confidential and proprietary information on Appendix E: Designation of Confidential and Proprietary Information (DOA-3027), will be made available for public inspection in accordance with applicable Wisconsin law.</p>
	<p>10. The applicant and any subrecipient (if applicable) is/are not debarred from awards and/or contracts funded in whole or in part with federal funds; and will ensure contractors and suppliers for the proposed project are not debarred from awards and/or contracts funded in whole or in part with federal funds.</p>
	<p>11. The applicant has exercised reasonable care and made all reasonable efforts to obtain and submit accurate information within this application and the attachments.</p>

**Applicant Authorized Representative Signature:**

The signatory below certifies that, to the best of their knowledge and belief, the information contained in this ARPA Capital Projects Fund – Flexible Facilities Program Grant Application, including all attestations and attachments, is true, accurate and complete. The undersigned has authority to make the above attestations and the intent and legal authorization to agree to them on the applicant's behalf.

Signature:

Date:

Typed Full Name:

Title:

Phone Number:

Email:

**Applicant Authorized Representative #2 Signature: *(if applicable)***

Add a second authorized representative signature only if your organization's policies or governing body requires that a second authorized representative approve the content and/or submission of this document.

Signature: *[Attach Signature Form Below]*

Date:

Typed Full Name:

Title:

Phone Number:

Email:



Attach your Applicant Authorized Representative #2 Signature Form here.

The Applicant Authorized Representative #2 Signature form may be downloaded on the Flexible Facilities Program website (under the "Application Attachments" section) at:

<https://energyandhousing.wi.gov/Pages/AgencyResources/FlexibleFacilities.aspx>

Save and upload the file here with the following file name:

(Applicant Name)\_Attachment\_F\_Additional\_Authorized\_Signature