

LOCAL AND TRIBAL HEALTH DEPARTMENT (LTHD) ANTIGEN TEST DISTRIBUTION PROGRAM PARTICIPATION ATTESTATION

To ensure resources are used as required please read and complete the fields below. By submitting each request for antigen supplies, the applicant agrees to the following:

1. The applicant has exercised reasonable care and made all reasonable efforts to ensure the submitted information is accurate in all respects.
2. The applicant will maintain records sufficient to demonstrate all supplies used or dispersed through this program are eligible under the program criteria for at least seven years.
3. The applicant will cooperate and provide any relevant information or records requested by the Wisconsin Department of Health Services (DHS), its authorized representatives, or any federal or state auditing agency, and will hold DHS and the state of Wisconsin harmless for any audit disallowance related to the supplies used or distributed, irrespective of whether the audit is ordered by federal or state agencies, or by the courts.
4. The applicant understands CARES Act funds provided to local government entities qualify as federal assistance for purposes of the Single Audit Act and 2 C.F.R. part 200, subpart f. Further information relating to the single audit compliance is available here: <https://doa.wi.gov/Pages/StateFinances/State-Single-Audit-Guidelines.aspx>.
5. The applicant will indemnify and hold harmless DHS and the state and all its officers, agents, and employees from all suits, actions, or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of the entity, or of any of its contractors, in performing the testing activities.
6. As required by Wis. Stat. § 16.765, the applicant will not discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in Wis. Stat. § 51.01(5), sexual orientation as defined in Wis. Stat. § 111.32(13m), or national origin, including without limitation the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the applicant will take affirmative action to ensure equal employment opportunities. The applicant will post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the State of Wisconsin's nondiscrimination law.
7. The person requesting supplies has read this document and has the intent and legal authorization to agree to all terms and conditions on the applicant's behalf.
8. I understand supplies used or dispersed under this program are intended to increase community access to testing with a particular focus on increasing access for those individuals who are at an increased risk for pandemic vulnerability.
9. I understand LTHDs may use antigen supplies in the following ways:
 - Conduct and result tests under a Clinical Laboratory Improvement Amendments Certificate of Waiver (CLIA),
 - Distribute directly to individuals within their jurisdiction as self-tests,
 - Distribute to entities within their local jurisdiction to conduct and result tests under a CLIA,
 - Distribute to entities within their local jurisdiction to distribute directly to individuals as self-tests
10. I understand following entities are currently supported through other DHS Testing Program offerings and therefore are ineligible to receive supplies through this program:
 - K-12 Schools
 - Confinement Facilities/Jails
11. Antigen tests distributed under the LTHD Antigen Test Distribution Program may not invoice DHS for sample collection reimbursement through the Community Testing Support Program.

12. I understand if supplies are distributed by a local jurisdiction to an external entity to perform testing under Dr. Westergaard's order, the jurisdiction will be responsible for ensuring said entity has an attestation for using the standing order signed and returned to DHS prior to the distribution of supplies to that entity.
13. I understand the jurisdiction is responsible for confirming any entity conducting and resulting tests using these supplies has a valid CLIA.
Note: If tests are distributed directly to individuals as OTC at-home tests, a CLIA is not required.
14. Finally, I understand I will be required to submit a monthly report no later than the 10th of the following month to DHS, using the required form.

In signing this form, I attest that I have reviewed and will comply with the above requirements.

Name — Print

Name of Local and Tribal Health Department

SIGNATURE

Date Signed

Please email completed form to wicovidtest@wisconsin.gov