



## Wisconsin CARES Act Provider Payment Program – Help Document

### Create and Submit an Application

(last revised: 8/26/20)

*This help document is a living document and will be updated as needed. Check the [CARES Act Provider Payment Program](#) page for the latest version.*

*This document refers to “Phase 1” and “Phase 2”. These are the same as “round one” and “round one” that have been described elsewhere.*

#### **Audience**

Providers

#### **Purpose**

This document will outline how to create and submit a Wisconsin CARES Act Provider Payment Program application. You will have the option to copy your Phase 1 application, if applicable, and provide updated information, or start a new Phase 2 application.

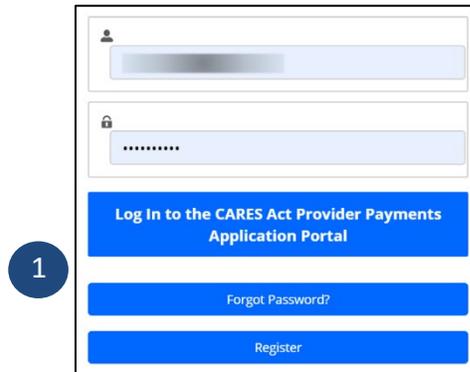
**Instructions begin on page 2.**

# Help Document: Create and Submit an Application

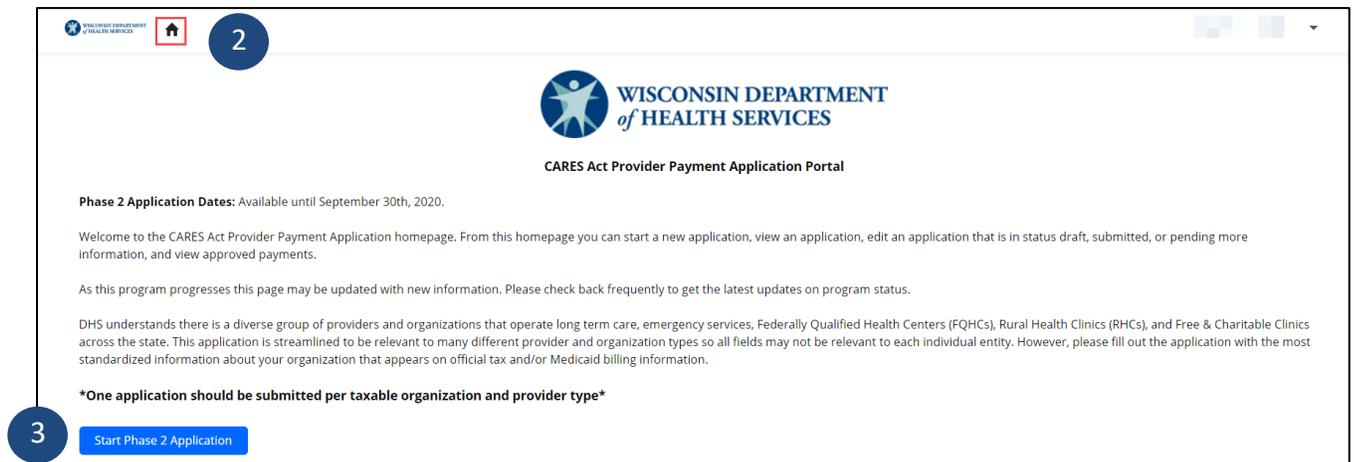
## Instructions:

### Accessing the Application

1. Log in to your account. *Note: Please refer to the Job Aid – How to Create an Account for instructions on how to create a new account and the Job Aid – Log in to the CARES Act Provider Payment Application Portal or log in if you already have an account. The required browser is Google Chrome™. Microsoft® Edge, Mozilla® Firefox®, and Apple® Safari® are also supported.*

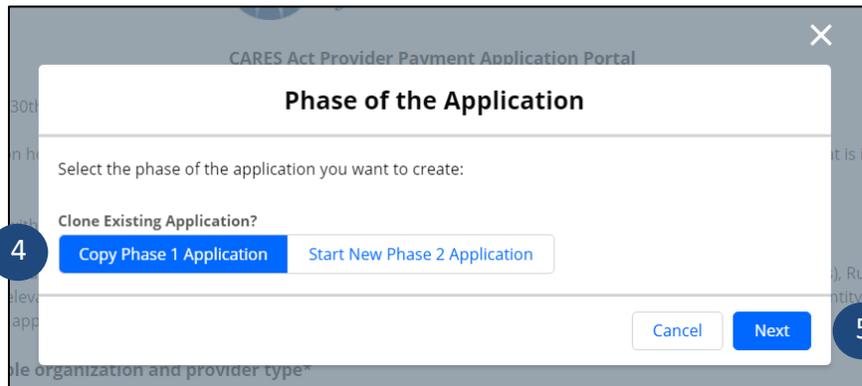


2. Navigate to the home page by clicking the home button (🏠) on the top left corner.
3. Click the **Submit New Application** button.

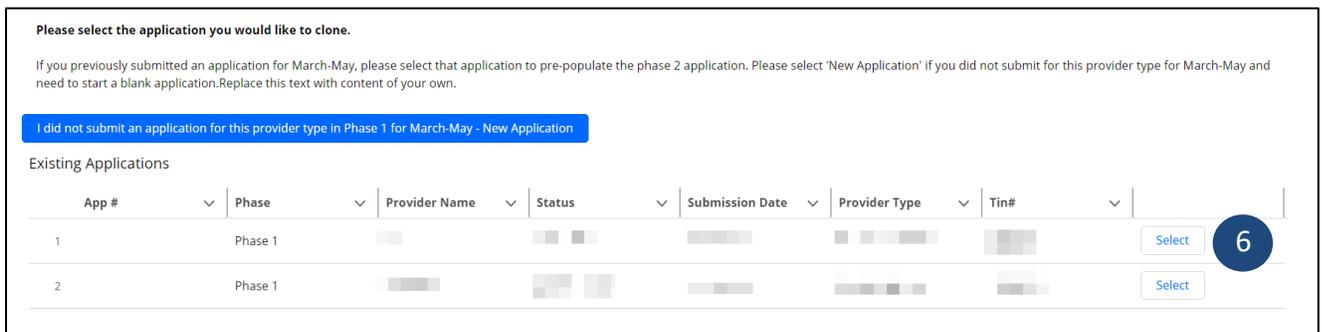


# Help Document: Create and Submit an Application

- A window will appear. You have the option to copy your Phase 1 Application, if you submitted one in June, or start a new Phase 2 Application. If this is your first time submitting a CARES Act Provider Payment Application, you will only be able to select **Start New Phase 2 Application**. Otherwise, select **Copy Phase 1 Application**. *Note: If you did not submit a phase 1 application and have created a new account, you will only see the Start New Phase 2 Application button.*
- Click the **Next** button to continue.



- If you are starting a new Phase 2 Application, continue on to Step 7. Otherwise, you will be copying and adding on to your Phase 1 Application. Click the existing application you would like to copy to add your loss/expenses for the months of June to August 2020 by clicking the **Select** button next to the application. *Note: If you selected to Copy Phase 1 Application, certain fields throughout the application will be pre-populated based on the information provided on the Phase 1 application.*



# Help Document: Create and Submit an Application

7. On the first tab of the application, review the instructions. Click the **Next** button to continue.



**WISCONSIN DEPARTMENT  
of HEALTH SERVICES**

## CARES Act Provider Payment Application - Phase 2

Cancel

IntroductionCompany InfoRevenue/Expense DetailsFile UploadReview & Submit

### Introduction

**Before you start this application, please read the following:**

- This application asks multiple details of your organization and also your organization's 2019 Tax Return, IRS Form W-9, and IRS Quarter 1 2020 and IRS Quarter 2 2020 IRS Form 941, as applicable. You can 'Save & Exit' the application if you need to gather more information after starting.
- This application will ask about details of losses and expenses directly related to the COVID-19 pandemic from March 1 - August 31, 2020. The application also asks if your organization or its subsidiaries have received any other payments or funding to offset COVID-19 losses. All information should be specific to your organization's operations in Wisconsin. If your organization is part of a multi-state corporation you will be required to provide support for the Wisconsin operations.
- For each Tax Identification Number or Tax Return, providers can submit only 1 application (1 application for March-August if no March-May application was submitted, or 1 application for June-August if a previous application for March-May was submitted) per provider type (Assisted Living, Clinics, Emergency Medical Services, Home and Community Based Services, and Nursing Homes). If your organization has multiple locations of the same provider type that file under the same Tax Return, then only 1 application should be submitted for the organization and all subsidiaries of that provider type. If your organization has multiple Tax Identification Numbers or Tax Returns, you can submit multiple applications, 1 for each Tax Identification Number operating as each provider type. If your organization is reported for the purposes of tax filings under a parent or umbrella organization, corporation or partnership you will be required to upload additional information to explain the tax IDs and relationships to the applicant as well as calculations for the Wisconsin operations reported in the application.
- The information you report should be specific to the provider type you are submitting the application for. For example, an organization that operates both an assisted living facility and a nursing home under the same Tax Identification Number should submit two applications. One application should report only the losses, expenses, funding received, beds, and payroll specific to the organization's assisted living operations. The organization should submit a separate application for the organization's nursing home operations. If your organization is reported for the purposes of tax filings under a parent or umbrella organization, corporation or partnership you will be required to upload additional information with the calculations for the Wisconsin operations reported in the application.
- New applications can be submitted until September 30th, 2020. Please make sure all applications are properly submitted by this date. Any in-progress applications after this date will not be accepted.
- You will receive an email notification if your application is approved. Applications may take up to 2 weeks to be approved.

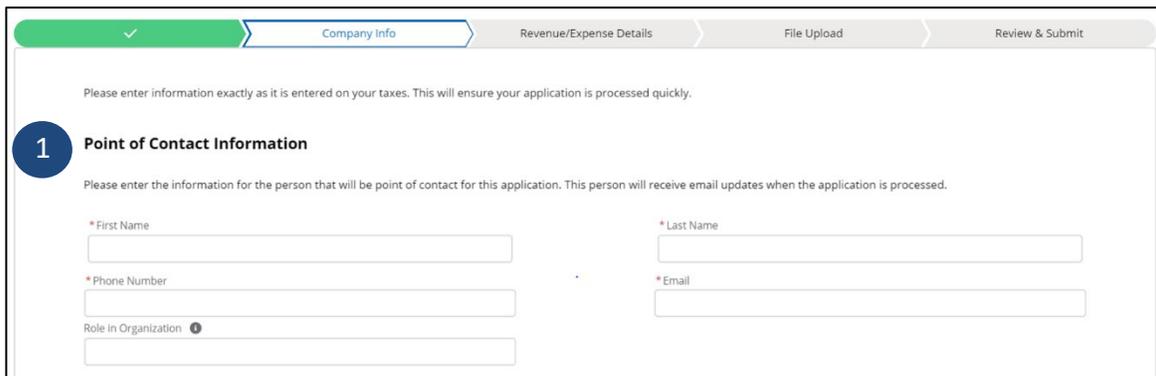
7 Next

# Help Document: Create and Submit an Application

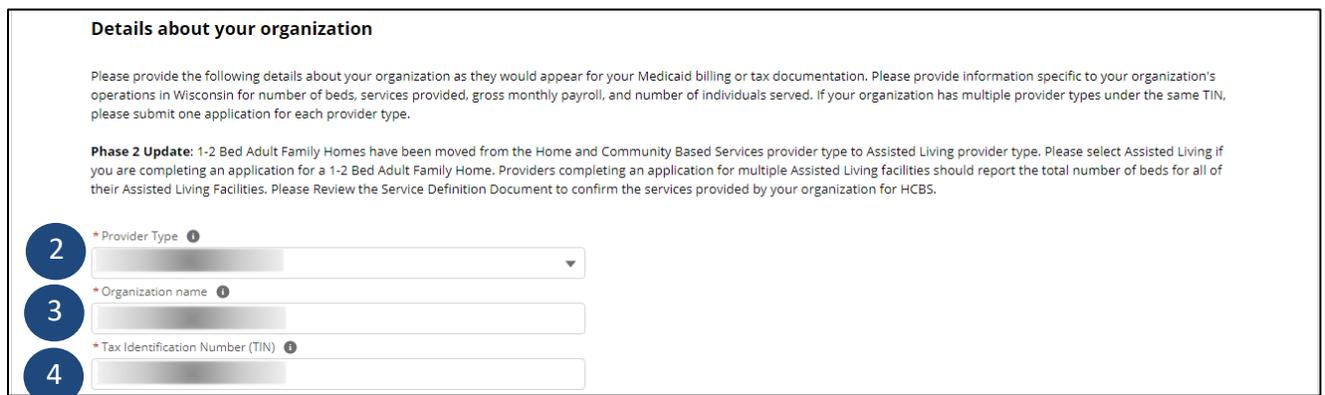
## Company Info

On this tab of the application, enter your company information, exactly as entered on your taxes. Fields with a red asterisk [\*] are required. *Note: Navigate over  for additional guidance for the field. If you copied your Phase 1 Application, certain information on this tab will be pre-populated. However, you are able to update the fields if necessary.*

1. Enter **First Name** and **Last Name** of the main Point of Contact who can be contacted regarding the application. **Phone Number** should be entered in the format of XXX-XXX-XXXX and **email** address in the format of name@domain.com. Also enter your **Role in Organization**.



2. Using the drop down, select the **Provider Type** of your organization. Hover over the  for additional guidance on the different provider types. *Note: 1-2 bed adult family homes should select Assisted Living Facilities as the **Provider Type**. Additional fields will appear depending on the provider type selected.*
3. Enter the **Organization name**. This is the name of the facility/entity for which you are requesting funds. Ensure this is entered exactly as shown in tax documents.
4. Enter the **Tax Identification Number (TIN)** without the dashes. *Note: This field has a 10-character limit. Applicants may enter either their Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as appropriate.*



## Help Document: Create and Submit an Application

- Using the drop down, select whether your documents match the inputted Provider Name, TIN, and address. If you select **No**, a field will appear below. Use the field to provide an explanation of why the information provided and documents do not match.
- If your organization is exempt from reporting service revenue in your annual return (such as some owner occupied assisted living facilities), check the box.
- If your organization's annual Tax or Information Return is filed under a different TIN, check the box.
- Using the drop down, indicate whether you have **paid employees** reported to IRS on Form 941 or 944. If you select Yes, additional fields regarding Gross Monthly Payroll will appear. In those fields, enter your organization's Gross Monthly Payroll for Wisconsin operations for each month between January through August 2020 under the Tax ID and provider type you are submitting for this application. Sole proprietors should enter their net income for the specified months.
- Using the drop down, indicate whether you are reporting as a **management company**. If you select Yes, an additional field will appear prompting you to enter the Subsidiary Businesses Name, Address & TIN. Please enter all subsidiaries of that management company.

The screenshot shows a portion of a web form with five numbered callouts (5-9) pointing to specific fields:

- 5**: Points to a dropdown menu with the label: "\* Does the inputted Provider Name, TIN, and Address match the documentation to be uploaded (W-9, 941, etc...)?".
- 6**: Points to a checkbox with the label: "Check this box if you are exempt from reporting service revenue in your annual tax return".
- 7**: Points to a checkbox with the label: "Check this box if your entity annual Tax or Information Return is filed under a different TIN".
- 8**: Points to a dropdown menu with the label: "Do you have paid employees reported to IRS on Form 941 or 944?".
- 9**: Points to a dropdown menu with the label: "Is this a management company?". Below this dropdown is a text input field with the label: "Subsidiary Businesses Name, Address & TIN".

- If available, complete additional fields: **Medicare Number, STAR Supplier Id, National Provider Identifier (NPI), Medicaid ID, and Counties of Operation.** *Note: The DQA State License Number is required for Provider Types – Assisted Living Facilities and Nursing Homes. 1-2 bed adult family homes are not licensed by DQA and are not required to submit a DQA State License Number.*

# Help Document: Create and Submit an Application

10

Medicare Number  
#####

STAR Supplier Id ⓘ  
#####

National Provider Identifier(NPI)  
#####

Medicaid ID  
#####

Counties Of Operation ⓘ

Available

- Adams
- Ashland
- Barron
- Bayfield

Chosen

11. If you selected the provider type **Home and Community Based Service Providers** OR **Assisted Living Facilities**, additional fields will appear on the application. Enter the **Number of Individuals Served** by your organization each month between January and August 2020 in the provide field. Continue to step 13.

11

\* Provider Type ⓘ  
Home and Community Based Service Providers

\* Organization name ⓘ  
[Redacted]

\* Tax Identification Number (TIN) ⓘ  
[Redacted]

\* Does the inputted Provider Name, TIN, and Address match the documentation to be uploaded (W-9, 941, etc...)?  
[Redacted]

Check this box if you are exempt from reporting service revenue in your annual tax return

Check this box if your entity annual Tax or Information Return is filed under a different TIN ⓘ

\* Do you have paid employees reported to IRS on Form 941 or 944? ⓘ  
[Redacted]

Is this a management company?  
[Redacted]

\* Number of Individuals Served in January ⓘ  
[Redacted]

\* Number of Individuals Served in February ⓘ  
[Redacted]

\* Number of Individuals Served in March ⓘ  
[Redacted]

\* Number of Individuals Served in April ⓘ  
[Redacted]

\* Number of Individuals Served in May ⓘ  
[Redacted]

\* Number of Individuals Served in June ⓘ  
[Redacted]

\* Number of Individuals Served in July ⓘ  
[Redacted]

\* Number of Individuals Served in August ⓘ  
[Redacted]

12. If you selected the provider type **Nursing Homes**, additional fields will appear on the application. Enter the **Number of Patient Days** each month from January through August 2019 and January through August 2020. Continue to step 13.

# Help Document: Create and Submit an Application

This screenshot shows a portion of an application form. A red box highlights the 'Provider Type' dropdown menu, which is currently set to 'Nursing Homes'. To the right of this section, a blue circle with the number '12' is connected by a bracket to a series of eight input fields, each representing the 'Number of Patient Days' for a specific month in 2020 (January through August). The form also includes fields for 'Organization name', 'Tax Identification Number (TIN)', and several checkboxes for tax reporting and employee status.

13. Indicate whether or not you are submitting this application on behalf of a provider that is owned or operated by a Wisconsin County, City, Village, or Town, or other public local government entity authorized under Wisconsin Law. This includes providers that are jointly owned by multiple local government entities.

This screenshot shows a specific question on the form: '\* Is this a local government entity?'. Below the question is a dropdown menu with the option '--None--' selected. A blue circle with the number '13' is positioned to the left of the dropdown menu.

14. Scroll down and complete the **Mailing Address** and **Physical Address**.

15. Click **Next**. *Note: Any errors on this page will prevent you from continuing with the application.*

This screenshot displays two sections of the form: 'Physical Address' and 'Mailing Address'. Each section contains four input fields: 'Address Line 1', 'Address Line 2', 'City', and 'Zip'. The 'Physical Address' section also includes a 'Physical State' dropdown menu currently set to 'Wisconsin'. The 'Mailing Address' section includes a 'Mailing State' dropdown menu also set to 'Wisconsin'. A blue circle with the number '14' is on the left, and a blue circle with the number '15' is on the right. At the bottom right of the form, there are three buttons: 'Save & Exit', 'Back', and 'Next'.

# Help Document: Create and Submit an Application

16. Click the **plus sign** to use the validated physical address or leave it unchecked to use the physical address you entered.
17. Click the **plus sign** to use the validated mailing address or leave it unchecked to use the mailing address you entered
18. Click **Next**.

The screenshot shows a multi-step application process. The current step is 'Company Info', which is highlighted in blue. The previous step is 'Revenue/Expense Details' and the next is 'File Upload'. The final step is 'Review & Submit'. The form contains two sections for address validation. The first section, labeled '16', is for the physical address. It includes a plus sign icon, a checkbox, and two text input fields: 'Validated Address:' and 'Address Entered:'. The second section, labeled '17', is for the mailing address. It also includes a plus sign icon, a checkbox, and two text input fields: 'Validated Address:' and 'Address Entered:'. At the bottom right of the form, there are three buttons: 'Save & Exit', 'Back', and 'Next'. The 'Next' button is highlighted in green. A blue circle with the number '18' is positioned to the right of the 'Next' button.

# Help Document: Create and Submit an Application

## Revenue / Expense Details

On this tab of the application, you will enter your organization's lost revenue and expenses related to COVID-19. *Note: If you copied your Phase 1 Application, any expenses/losses you previously reported will be pre-populated, and you will not be able to enter additional March – May expenses/losses.*

1. Enter your organization's Wisconsin **2019 Gross Revenue** for the provider type identified on this application, as shown on your tax documents.

The screenshot shows the 'CARES Act Provider Payment Application - Phase 2' interface. At the top, there are three progress indicators: a green bar with a checkmark, a grey bar with a checkmark, and a blue bar with 'Revenue/Expense Details' highlighted. To the right of these bars are 'File Upload' and 'Review & Submit' buttons. A 'Cancel' button is in the top right corner. Below the progress bars, a message states: 'If your organization operates one provider type under this Tax Identification Number, make sure to enter information exactly as it appears on your taxes. This will help your application to process quickly. Reporting incorrect information could result in a denial of this application.' The main question is: 'What was your organization's gross tax year 2019 revenue for the provider type identified on this application?'. There are two input fields: '\* Tax Return Year' with a dropdown menu set to '2019' and '\* 2019 Gross Revenue for Application Provider Type' with a text input field. A blue circle with the number '1' is placed over the revenue input field.

2. If your organization has received any other CARES Act Provider Relief Fund Payments, select Yes. If not, select No and skip to step 6.
3. If you select Yes, click the **Add** button to add information on the funds you received.

The screenshot shows a question: 'Has your organization received or been approved for Relief Fund, government loans, or business continuation payments in 2020 to address COVID-19 for the provider type identified on this application?'. Below the question is a message: 'These may include 2020 CARES Act Provider Relief Fund Payments (e.g. General Distribution, High Impact Targeted Allocation and/or the Rural Targeted Allocation of the Provider Relief Fund), Paycheck Protection Payment loans, EFMLA, or federally funded sick leave related to COVID-19. If the phase 1 application was copied any CARES Act Provider Relief Fund Payments providers submitted as part of the Phase 1 application will be automatically populated for the provider's Phase 2 application.' There is a '\* Response' dropdown menu with 'Yes' selected. A blue circle with the number '2' is placed over the dropdown. Below the dropdown is a '+ Other Funds (0)' button. A blue circle with the number '3' is placed over the '+ Add' button.

4. A screen will appear. Complete all the fields regarding the other funding received. *Note: If you submitted a Phase 1 application, you will not be able to add funding received during Phase 1.*
5. Click the **Save** button. *Note: You can add multiple other funds by clicking **Add** after saving each expense entry.*

The screenshot shows the 'New Other Funds' form. It has several fields: '\* Payment/Loan Type' (dropdown), '\* Payment/Loan Amount' (text input), '\* Payment/Loan Name' (text input), '\* Date Received' (dropdown), 'Phase' (dropdown set to 'Phase 2'), and 'Application' (text input with a close button). At the bottom are 'Cancel' and 'Save' buttons. A blue circle with the number '4' is placed over the 'Payment/Loan Type' dropdown, and a blue circle with the number '5' is placed over the 'Save' button.

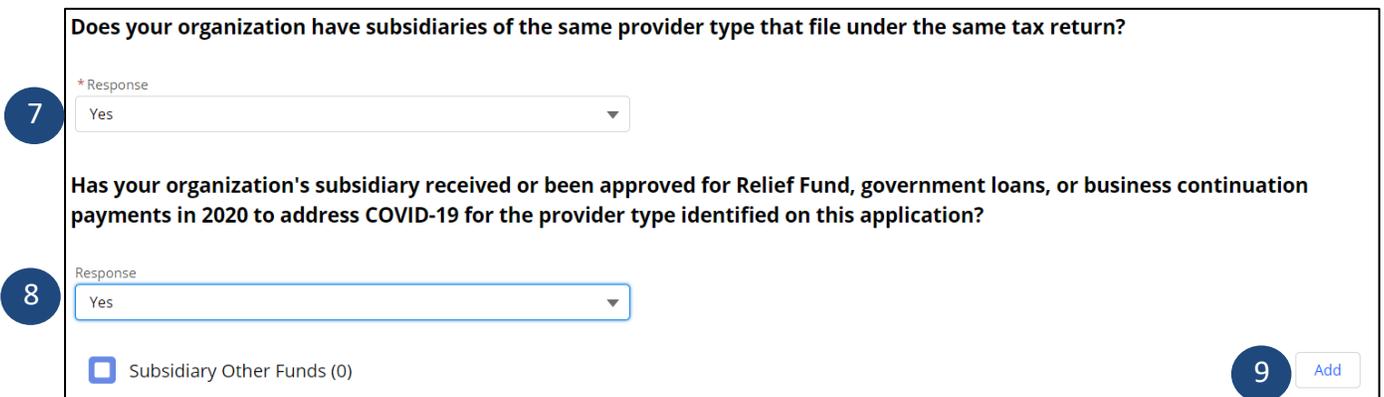
# Help Document: Create and Submit an Application

- If you wish to edit fund entries, click  for an entry. Select **Edit**. To delete fund entries, select **Delete** from the drop down.



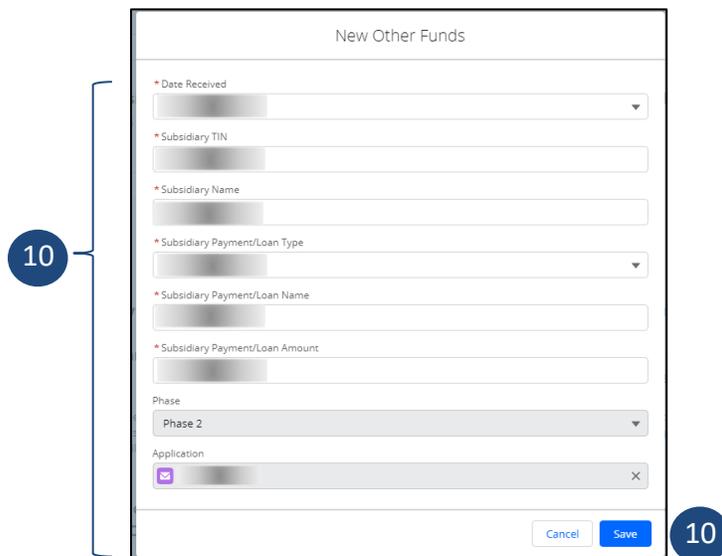
The screenshot shows a table titled "Other Funds (1)" with an "Add" button in the top right. The table has columns: PAYMENT NAME, Phase, Date Received, Payment/Loan Type, Payment/Loan Name, and Payment/Loan Amo... A row is visible with "Phase 2" in the Phase column. A dropdown menu is open over the right side of the row, showing "Edit" and "Delete" options. A blue circle with the number "6" is positioned above the dropdown menu.

- If your organization does not have **subsidiaries** of the same provider type, select No and continue to step 10. If your organization does, select Yes. An additional question will appear.
- If your subsidiary of the same provider type has not been approved or received additional CARES Act Provider Relief Fund Payment, select No. Continue to step 10. Otherwise, select Yes. You will be prompted to add Subsidiary Other Funds.
- Click the **Add** button to add funds your subsidiaries have been approved for or received.



The screenshot shows a questionnaire section. The first question is "Does your organization have subsidiaries of the same provider type that file under the same tax return?" with a dropdown menu set to "Yes" (circled with a blue "7"). The second question is "Has your organization's subsidiary received or been approved for Relief Fund, government loans, or business continuation payments in 2020 to address COVID-19 for the provider type identified on this application?" with a dropdown menu set to "Yes" (circled with a blue "8"). Below the questions is a section for "Subsidiary Other Funds (0)" with an "Add" button (circled with a blue "9").

- Complete the information regarding the additional funds. Click **Save**. *Note: You can add numerous 'New Other Funds' by clicking **Add** after saving each expense entry.*



The screenshot shows the "New Other Funds" form. It contains several required fields: Date Received (dropdown), Subsidiary TIN (text), Subsidiary Name (text), Subsidiary Payment/Loan Type (dropdown), Subsidiary Payment/Loan Name (text), and Subsidiary Payment/Loan Amount (text). Below these are "Phase" (dropdown, set to "Phase 2") and "Application" (dropdown with a close button). At the bottom are "Cancel" and "Save" buttons. A blue circle with the number "10" is positioned to the right of the form.

# Help Document: Create and Submit an Application

11. For the following questions, only enter expenses/losses for the months of January through August 2020. However, you will be asked to separately enter your March – May 2020 and June – August 2020 expenses/losses by selecting the appropriate date range.
12. If your organization did not experience a loss of revenue for the months of March through May 2020 and June through August 2020 due to COVID-19, continue to step 15.
13. Click the Add button to enter your organization's **lost revenue**. *Note: Follow the instructions in the application for how to calculate your organization's lost revenue.*

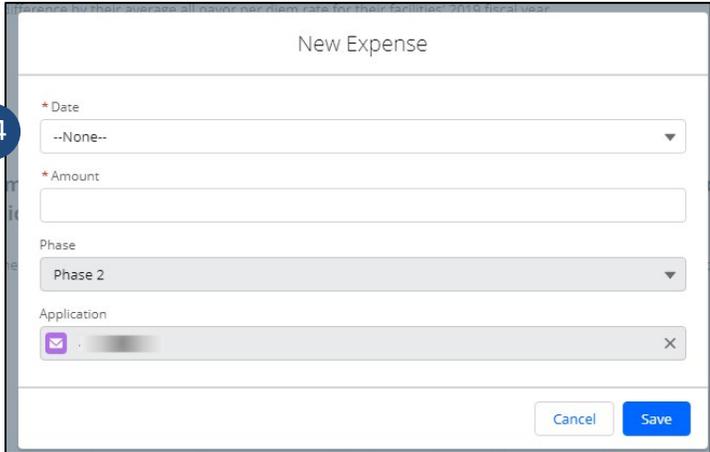
**Please enter the amount of lost revenue for your organization and provider type directly related to lower Wisconsin service needs associated with the COVID-19 pandemic from March 1, 2020 to August 31, 2020.**

Only enter lost revenue that is directly related to business within Wisconsin due to COVID 19. Organizations should calculate lost revenue by taking their total revenue for March, April, May, June, July, and Aug of 2019 and subtracting their total revenue for March, April, May, June, July, and Aug of 2020. For example, if your organization received a total of \$150,000 in revenue for March, April, May, June, July, and Aug of 2019 but only received \$110,000 in revenue for those same six months in 2020, you would enter \$40,000.

Organizations submitting an application for nursing homes will have their lost revenue calculated by taking the difference in patient days from March through August of 2020 and March through August of 2019 and multiplying difference by their average all payor per diem rate for their facilities' 2019 fiscal year.

 Lost Revenue **13**

14. Enter the lost revenue (Amount) for March – May 2020 and June – August 2020 by selecting the appropriate date range and entering the amount.
15. Click the **Save** button.



16. If your organization did not have any equipment expenses associated with COVID-19 during the months of March through May 2020 and June through August 2020, continue to step 19.

# Help Document: Create and Submit an Application

17. Enter any **Equipment expenses** associated with COVID-19 during the months of March – May 2020 and June – August 2020 by clicking **Add**. *Note: You can add multiple expense entries by clicking **Add** after saving each expense entry.*

**Please enter the type and amount of expenses for your organization and provider type related to additional staffing necessary for Wisconsin service provision during the COVID-19 pandemic March 1, 2020 to Aug 31, 2020.**

Expenses related to the purchase equipment and supplies may include PPE, disinfectants, other equipment or supplies, technology, or facility modifications for service provision during the COVID-19 pandemic.

Equipment Expenses (0) 17 Add

18. A window will appear. Complete all the fields and click **Save**.

The screenshot shows a 'New Expense' form with the following fields: Date (dropdown menu with '--None--'), Amount (text input), Equipment/Staffing Types (dropdown menu with '--None--'), a text area for 'If other, please describe', Phase (dropdown menu with 'Phase 2'), and Application (dropdown menu with a blurred selection). At the bottom right are 'Cancel' and 'Save' buttons. A blue circle with the number '18' is positioned to the left of the form, with a bracket pointing to the Date, Amount, and Equipment/Staffing Types fields. Another blue circle with the number '18' is positioned to the right of the 'Save' button.

19. If your organization did not have any staffing expenses associated with COVID-19 during the months of March – May 2020 and June – August 2020, continue to step 22.
20. Enter any additional **Staffing expenses** associated with COVID-19 during the months of March – May 2020 and June – August 2020 by clicking **Add**. *Note: You can enter multiple staffing expense entries by clicking **Add** after saving each expense entry.*

**Please enter the type and amount of expenses for your organization and provider type related to additional staffing necessary for Wisconsin service provision during the COVID-19 pandemic March 1, 2020 to Aug 31, 2020.**

Expenses related to additional staffing costs may include hazard pay, retainer payments to staff, overtime payments, sick leave, or other additional staffing costs necessary for service provision during the COVID-19 pandemic.

Staffing Expenses (0) 20 Add

# Help Document: Create and Submit an Application

21. A window will appear. Complete all the fields and click **Save**.

The screenshot shows a 'New Expense' form with the following fields: a required Date dropdown menu (currently set to '--None--'), a required Amount text input field, a required Equipment/Staffing Types dropdown menu (currently set to '--None--'), an optional text area for 'If other, please describe', a Phase dropdown menu (set to 'Phase 2'), and an Application dropdown menu (with a blurred selection). At the bottom right, there are 'Cancel' and 'Save' buttons. A blue circle with the number '21' is positioned to the left of the form, with a bracket pointing to the Date, Amount, and Equipment/Staffing Types fields. Another blue circle with the number '21' is positioned to the right of the 'Save' button.

22. If your organization did not have any telehealth expenses associated with COVID-19 during the months of March – May 2020 and June – August 2020, continue to step 25.

23. Enter any **Telehealth expenses** associated with COVID-19 during the months of March – May 2020 and June – August 2020 by clicking **Add**. *Note: You can enter multiple expense entries by clicking **Add** after saving each expense entry.*

**Please enter the amount of expenses related to telehealth software that was purchased and necessary for Wisconsin service provision during the COVID-19 pandemic from March 1, 2020 to Aug 31, 2020.**

Telehealth expenses include video conferencing or communication software used to aid with virtual communication with patients.

Telehealth Expenses (0) 23

24. A window will appear. Complete all the fields and click **Save**.

The screenshot shows a 'New Expense' form with the following fields: a required Telehealth Expenses Amount text input field, a required text area for 'Please describe purchase', a Phase dropdown menu (set to 'Phase 2'), and an Application dropdown menu (with a blurred selection). At the bottom right, there are 'Cancel' and 'Save' buttons. A blue circle with the number '24' is positioned to the left of the form, with a bracket pointing to the Telehealth Expenses Amount and Please describe purchase fields. Another blue circle with the number '24' is positioned to the right of the 'Save' button.

# Help Document: Create and Submit an Application

25. Click the **Next** button at the bottom right of the page to continue to the next section.

**Please enter the amount of expenses related to telehealth software that was purchased and necessary for Wisconsin service provision during the COVID-19 pandemic from March 1, 2020 to Aug 31, 2020.**

Telehealth expenses include video conferencing or communication software used to aid with virtual communication with patients.

📺 Telehealth Expenses (1) Add

EXPENSE NAME	Phase	Date	Telehealth Expenses Amo...	Please describe what was ...

⚠ Please ensure you have entered all of your Wisconsin COVID-19 expenses and lost revenue. You are not eligible for funding if you do not have any relevant COVID-19 Wisconsin expenses or lost revenue.

Save & Exit Back Next

25

# Help Document: Create and Submit an Application

## File Upload

On this tab of the application, you will upload a copy of your required documents. Refer to the text on the application to identify the respective document you are required to submit based on your provider type and situation.

1. Click the **Upload Files** button to upload a copy of your required documents.

**Applications without the required forms uploaded may be denied. Once an application is denied a future application with the same tax ID and provider type will also be denied.**

- **Mandatory for ALL applications:** Upload your current IRS W-9 form. If you do not have a W9 please complete one using this link and upload it <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- **Mandatory for ALL applications:** Download the DOA-6460 Form and complete the form. Please upload the completed form with your other documentation as part of your application. [Download Here](#)
- **Mandatory for most applications:**  
Upload your final 2019 Federal Tax Form 1040, 1065 or 1120 based on your required IRS filing. Non-profit entities would upload the final 2019 federal form 990. If you are unable to provide a final 2019 federal tax return, or IRS form 990 for a non-profit entity, a final 2019 Profit and Loss statement documenting revenue and expenses AND the 2018 filed federal tax return must be uploaded. Any change to the final 2019 profit and loss statement resulting from an independent CPA firm audit after application submission should be submitted to the DHSDMSDCPP@dhs.wisconsin.gov mailbox. The only entities that do not need to upload a 2019 tax form are entities (such as owner occupied Assisted Living Facilities) that are not required to report the revenue related to their entity, or entities that are newly owned in 2020. These entities should upload a document explaining their situation. Applications that receive funding may be subject to audit.
- **Mandatory if you have employees:** Upload your Quarter 1 2020 IRS Form 941.
- **Mandatory if your application TIN and tax return, 941, and W9 TINs are not the same:** Upload a document with a listing of name, legal relationship/structure, role, and TIN for each TIN and a 2019 P&L statement for the application service type.

Upload file File Name File Size

**1**  Or drop files

You must upload the appropriate documentation for your organization to be eligible for CARES Act Provider Payments. To ensure that all needed documents have been uploaded, check each type of document uploaded.

IRS Form W-9  
\*

DOA 6460  
\*

\* Please select the appropriate tax checkboxes based on the status of your 2019 tax return (or 990 for a non-profit)

Option 1: Final 2019 tax return (or 990 for a non-profit)

Option 2: If the final 2019 tax return (or 990) is not available you may upload both documents:  
Final 2019 tax year profit and loss statement  
  
Final 2018 tax return or 990

Q1 2020 IRS Form 941

Q2 2020 IRS Form 941

Other

**5**

2. A window will show the status of your upload.
3. When the file(s) are uploaded, as signified with the green check mark, click the **Done** button.

**2** Upload Files

28 KB .pdf

1 of 1 file uploaded **3**

File Name File Size

4. Select the files you will be uploading by marking the checkbox. *Note: All applications are required to submit a copy of the current IRS W-9 form and DOA-6460 form.*
5. Click the **Next** button on the bottom right corner.

# Help Document: Create and Submit an Application

## Review & Submit

1. On the final Submission page, review the text and your application. You can review the information by clicking the **Back** button.
2. Complete all fields. *Note: The person completing the electronic signature acknowledgement and attestation must be authorized to do so on behalf of their organization. In most cases, this should be an officer of the organization.*
3. Click the **Submit** button.

### CARES Act Provider Payment Application - Phase 2

Phase 1 Application number - , Organization Name -

Cancel

Review & Submit

#### Signing the Application

Before you submit this application for direct care providers, please check the following:

- Check that all information is entered correctly.
- Check that any required files are uploaded. Failure to upload required documents may result in a denied application. Funds issued for applications identified with missing required documents may be subject to recovery.

#### Electronic Signature Acknowledgement

I hereby attest that I have been authorized to complete this attestation and survey on behalf of my organization.

I attest that the costs and lost revenue my organization is reporting on this application are limited to my organization's operations in Wisconsin and that they are attributable to the COVID-19 pandemic or the associated impacts. I further certify that these costs or losses have not been reimbursed by another outside source, other than the funds and loans I've listed in this application.

I further attest that I have uploaded the required files and understand that failure to do so may result in recovery of any funds received.

I further attest that my organization has documentation and will maintain documentation for the information reported on this application and will provide this documentation if requested. In addition, I understand that by accepting this funding, I attest that my organization will participate in and provide any documentation needed in any review of funding received or use of funding, including but not limited to formal audits or informational survey. I also attest that failure to provide any of the requested documentation or to comply with any aspects of the review process might result in recoupment of the CARES Act funding my organization received.

I further attest that, as required by Wis. Stat. § 16.765, my organization 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 s. 51.01 (5), Wis. Stats., sexual orientation as defined in s. 111.32 (13m), Wis. Stats., or national origin, and will take affirmative action to ensure equal employment opportunities. My organization posts (or will post) in conspicuous places, available for employees and applicants for employment, notices setting forth the provisions of the State of Wisconsin's nondiscrimination law.

Pursuant to 2019 Wisconsin Executive Order 1, I further attest that my organization will hire only on the basis of merit and will not (and did not) discriminate against any persons performing any work for which reimbursement is sought on account of their military or veteran status, gender identity or expression, marital or familial status, genetic information or political affiliation.

By checking this box and typing my name below, I am electronically signing my application. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

\*First Name  M.I.  \*Last Name

\*Title  \*Address

2 1 3

Save & Exit Back Submit

# Help Document: Create and Submit an Application

4. Upon successful submission, you will see the following page.

