Create and Submit an Application
(last revised: 6/6/20)

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.

Audience
Providers

Purpose
This document will outline how to create and submit a Wisconsin CARES Act Provider Payment Program application.

Instructions begin on page 2.
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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 to 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.
4. On the first tab of the application, review the instructions. Click the **Next** button to continue.

![CARES Act Provider Payment Application](image)

**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.**

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. Enter the **Organization name**. This is the name of the facility/entity for which you are applying for funds. Ensure this is entered exactly as shown in tax documents.

3. 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.**

4. 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 Home and Community Based Services (HCBS) as their Provider Type.**
5. If available, complete additional fields: **DQA State License Number, 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.

6. If you selected the **provider type Home and Community Based Service Providers**, please provide the **Number of Individuals Served** for January, February, March, April and May 2020 and select the type of services provided for the tax ID and provider type you are submitting for this application.

7. If you selected the **provider type of Emergency Medical Service Providers, Tribal FQHC, Rural Health Clinic, Community Health Clinic, or Free or Charitable Clinic**, please provide your organization’s **Gross Monthly Payroll** for Wisconsin operations for January, February, March, April and May 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.
8. If you selected the **provider type** Assisted Living Facilities or Nursing Homes, please provide the **Number of Beds** owned or operated, and the **Number of Individuals Served** in January, February, March, April, and May 2020 under the tax ID and provider type you are submitting for this application.
9. Scroll down and complete the **Physical Address** and **Mailing Address**.

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

11. Click the **plus sign** to use the validated physical address or leave it unchecked to use the physical address you entered.

12. Click the **plus sign** to use the validated mailing address or leave it unchecked to use the mailing address you entered.

13. Click **Next**.
Revenue / Expense Details

On this tab of the application, you will enter your organization’s 2019 lost revenue and expenses related to COVID-19.

1. Enter your organization’s Wisconsin gross year 2019 revenue for the provider type identified on this application. If you have not officially filed your 2019 tax returns, select 2019 Draft under 2019 Tax Return Status.

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.
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4. Complete all the fields and click the **Save** button. *Note: You can add multiple other funds by clicking **Add** after saving each expense entry.*

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

6. If your organization does not have **subsidaries** of the same provider type, select **No** and continue to step 10. If your organization does, select **Yes**. An additional question will appear.

7. 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.

8. Click the **Add** button to add funds your subsidiaries have been approved for or received.
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.

10. If your organization did not experience a loss of revenue for March, April, or May 2020 due to COVID-19, continue to step 14.

11. Enter your organization’s lost revenue for March, April, and May 2020 by clicking the Add button. Note: Follow the instructions in the application for how to calculate your organization’s lost revenue.

12. Enter the lost revenue (Amount) for March – May 2020.

13. Click the Save button.

14. If your organization did not have any equipment expenses associated with COVID-19 during the months of March – May 2020, continue to step 16.
15. Enter any **Equipment expenses** associated with COVID-19 during the months of March – May 2020 by clicking **Add**. **Note: You can add multiple expense entries by clicking **Add after saving each expense entry.**

16. Complete all the fields and click **Save**.

17. If your organization did **not** have any staffing expenses associated with COVID-19 during the months of March – May 2020, continue to step 20.

18. Enter any additional **Staffing expenses** associated with COVID-19 during the months of March – May 2020 by clicking **Add**. **Note: You can enter multiple staffing expense entries by clicking **Add after saving each expense entry.**
19. Complete all the fields and click **Save**.

20. Click the **Next** button at the bottom right of the page to continue to the next section.
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File Upload

On this tab of the application, you will upload a copy of your required documents.

1. Click the **Upload Files** button to upload a copy of your 2019 tax returns, current W-9, and Quarter 1 2020 IRS Form 941. If you have not submitted your 2019 Tax Returns, please upload a Draft copy. You must upload a W-9 and 2019 tax return to be eligible for CARES Act Provider Payments. **Note: Quarter 1 2020 IRS Form 941 is only required if you have payroll expenses.**

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.

4. Once the file(s) have been uploaded to your application, click the **Next** button on the bottom right corner.
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 on behalf of their organization. In most cases, this should be an officer of the organization.*

3. Click the **Submit** button.
4. Upon successful submission, you will see the following page.