**Wisconsin Fast Forward (WFF) Pre-Award Risk Assessment**

This form must be completed and submitted with the grant application. DWD will use responses to assess the applicant organization's ability to manage grant funds successfully and appropriately. If a grant is awarded, DWD may implement measures to ensure the integrity of grant funds (for example, establishing additional contractual provisions and monitoring procedures) based on the responses provided.

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| Legal Business Name: |  |
| FEIN: |  |

**Organization Background**

1. In what year was your organization established? What is your organization's primary product or service?

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1. Please provide ownership details. For privately held companies, list the names of all owners with ownership greater than 5%. For publicly traded companies, list the names of all shareholders with ownership interest more than 20%. If not applicable, enter "None."

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1. List the names of parent, subsidiary, or other organizations which share common ownership (i.e., more than 50% ownership interest) with your organization. If not applicable, enter "None."

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1. List the names of the members of your organization's governing board. If not applicable, enter "None."

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1. Explain if your organization is undergoing a merger or acquisition with another company, or if you anticipate doing so within the next 12 months. If not applicable, enter "None."

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1. List the name(s) and position(s)/title(s) of any key or senior management member(s) of your organization that are Public Officials. If not applicable, enter "None."

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1. Explain the nature of any significant changes in ownership, key personnel, or contracted accounting provider in the last two years (for example Controller, Executive Director, Accounting Manager, Program Manager, etc.). If not applicable, enter "None."

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1. Provide the website address for your organization. If not applicable, enter "None."

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**Financial Capacity**

1. Describe any significant changes in accounting systems and practices at your organization occurring in the last year. If not applicable, enter "None."

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1. Describe the circumstances if your organization, or any owner, subsidiary, or affiliate have been involved in bankruptcy or insolvency proceedings or face any pending proceedings. If not applicable, enter "None."

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1. Can your accounting system do the following? Yes No

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| Differentiate WFF grant revenues and expenditures from other transactions. |  |  |
| Record revenues and expenditures by specific budget cost categories (such as those included in your WFF approved budget). |  |  |
| Report time and effort for employees who charge to WFF grants/cost centers (if applicable). |  |  |
| Assign costs between reimbursement and match expenditures. |  |  |

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| 1. Has the applicant organization received state or federal grants? |  |  |

**Grant Administration** Yes No

If so, please disclose the names and details of the three most recent state or federal grants.

1. GRANT 1

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| --- | --- | --- | --- | --- | --- |
| Project Title |  | | | | |
| Granting Agency |  | | | | |
| Contact Information |  | | | | |
| Award Amount | $ | Timeframe |  | Grant Status |  |

\*Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

1. GRANT 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Title |  | | | | |
| Granting Agency |  | | | | |
| Contact Information |  | | | | |
| Award Amount | $ | Timeframe |  | Grant Status |  |

\*Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

1. GRANT 3

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| --- | --- | --- | --- | --- | --- |
| Project Title |  | | | | |
| Granting Agency |  | | | | |
| Contact Information |  | | | | |
| Award Amount | $ | Timeframe |  | Grant Status |  |

\*Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

**Legal and Regulatory Compliance**

1. If you, any key employee, or senior management member of your organization has ever been charged with or convicted of a felony, or any other state or federal crime(s) involving fraud or misconduct, please list name(s) and charges. If not applicable, enter "None."

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1. Describe any outstanding or concluded litigation, civil, criminal, or administrative proceedings to which your organization is, or was, a party during the last seven years. If not applicable, enter "None" in each column.

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| --- | --- | --- | --- | --- | --- |
| Parties | Nature of Claim | Case Number | Date and Method Commenced | Amount of Damages Sought/Paid | Disposition |
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1. Disclose any pending, threatened, or concluded governmental violations, investigations, proceedings, and/or arbitrations, occurring during the last five years that involve your organization, any officer, or director acting in their capacity on behalf of your organization. If not applicable, enter "None."

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1. Describe the circumstances if your organization has any compliance issues related to payment of federal and/or state taxes. If not applicable, enter "None."

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**Due Diligence Checklist**

All applicants are required to complete the Risk Assessment Form and Due Diligence Checklist. Applicants are strongly encouraged to verify that there are no unresolved issues in these areas prior to submitting the application. Applicants may be automatically disqualified, and applications may not be scored if "Yes" is selected in response to any of the items below:

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| --- | --- | --- |
|  | Yes | No |
| Within the last 24 months, the Applicant has been required to provide a Worker Adjustment and Retraining Notification (WARN) notice under 29 U.S.C. § 2101 et seq., or a notice under Wisconsin's Business Closing and Mass Layoff Law, Wis. Stat. § 109.07, found here: <https://dwd.wisconsin.gov/dislocatedworker/warn/> |  |  |
| The Applicant has been found to have violated the Unemployment Compensation laws, Wis. Stat. Ch. 108, within the last 24 months. |  |  |
| The Applicant has been found to have violated the Worker's Compensation Act, Wis. Stat. Ch. 102, within the last 24 months. |  |  |
| The Applicant is on the Department of Administration's list of vendors who are not in compliance with Wis. Stat. § 77.66, found at: <http://vendornet.state.wi.us/vendornet/wocc/CertList.pdf>, unless they demonstrate that they have come into compliance since the last posting date of the list. |  |  |
| If the Applicant is a corporation, the Applicant's status is not "registered" or otherwise in good standing with the Department of Financial Institutions, as listed here: <https://www.wdfi.org/apps/CorpSearch/Search.aspx> |  |  |
| The Applicant has violated the Wisconsin Fair Employment Act, Wis. Stat. § 111.31 et seq., or employment regulations under Wis. Stat. Ch. 103 within the last 24 months. |  |  |
| The Applicant is listed as ineligible on the Department of Administration's Wisconsin Office of Contract Compliance Vendor Directory, found here: <http://vendornet.state.wi.us/vendornet/wocc/wocceli1.xls> |  |  |
| The Applicant is listed as a delinquent taxpayer with the Wisconsin Department of Revenue, found here: <https://www.revenue.wi.gov/Pages/Delqlist/DelqSearch.aspx> |  |  |
| The Applicant has been in operation less than 24 months. |  |  |

If the Applicant answered "yes" to any of the above, please provide a detailed explanation of the reasons why the answer is not "no."

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**Expanded Wisconsin Fast Forward Grant Application**

**Technical Education Equipment Grants**

To apply for the Expanded Wisconsin Fast Forward Grant, either complete this application **using Microsoft Word** or export your completed application form to Microsoft Word format (.doc or .docx). ***Note: Google docs or links, scanned .pdfs, .pdfs, or image format (.png, .jpg, .tif) versions of this form are not accepted.***

To submit, email the application form and supporting documents to [WisconsinFastForward@dwd.wisconsin.gov](mailto:WisconsinFastForward@dwd.wisconsin.gov) by **3 pm CST on Thursday May 15, 2025 Incomplete or late submissions are not accepted.**

**PROJECT OVERVIEW**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant School District Name: | | | | |  | | | | | |
| Consortium School Districts: (If applicable) | | | | |  | | | | | |
| Primary Senate District Number: | | | | | Primary Assembly District Number: | | | | | |
| Application Writer Name: | | | |  | | | Email: |  | | |
| Project Name: |  | | | | | | | | | |
| Brief Project Description  (100 words or less): | | |  | | | | | | | |
| Project Start Date: | |  | | | | Project End Date: | | |  | |
| Select Advanced Manufacturing or Construction Field(s) equipment or facility improvements will support:   |  |  |  | | --- | --- | --- | | Smart Manufacturing | Additive Manufacturing | Construction | | Machining and Controls | Robotics | Development Logistics | | Digital Manufacturing and Design | Photonics | Design / Pre-construction | | Electronics | Materials and Composites | Installation and Repair Production | | Chemical and Thermal Processes | Healthcare and Medicine | Warehousing | | Biotechnology | Bioenergy | Distribution Center Operations | | Bioproducts | Biomanufacturing | Maintenance/Operations | | | | | | | | | | | |
| Count of students anticipated to use new equipment and/or facility during the project: | | | | | | | | | |  |

**Applicant Project Director (must be a school district employee)**

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| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Title: |  | | | | |
| Address: |  | | | | |
| City: | | ZIP: | | | County: |
| Phone: |  | | Email: |  | |

**Applicant Fiscal Agent (must be a school district employee)**

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| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Title: |  | | | | |
| Address: |  | | | | |
| City: | | ZIP: | | | County: |
| Phone: |  | | Email: |  | |

**BUDGET**

* *Fund requests must range from $5,000 to $100,000.*
* *Matching fundsmust be in an amount equal to one of the following:*

*1. If the match is contributed from private sources, 100 percent of the grant amount awarded.*

*2. If any of the match is contributed from school district funds, 200 percent of the grant amount awarded.*

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| **Budget Line Items** | | **A**  **Requested WFF Funds** | **B**  **Match Funds (Private 1 X A)**  **(Public 2 X A)** | **A + B**  **Total Project $** |
| 1 | Equipment (including software) | $ | $ | $ |
| 2 | Instructional Materials | $ | $ | $ |
| 3 | Equipment Installation (if not included with purchase) | $ | $ | $ |
| 4 | Facility Enhancements / Renovations | $ |  | $ |
|  | Total | $ | $ | $ |

**BUDGET DETAIL**

For each expense in the Budget Table, provide a detailed description and an itemized cost breakdown for each budget amount included in Requested WFF Funds and Match:

* The dollar amounts for each described item must equal the dollar amounts entered in the Budget Table.
* The Match Detail must include the name(s) of the match source(s)/donor(s) AND either the Cash Match dollar amount OR the dollar value (determined by donor) of donated equipment that is provided by the source(s)/donor(s).

**Equipment**

*Note: A vendor quote documenting the cost of the equipment to be purchased with WFF funds and/or Match funds* ***must*** *be emailed with your application.*

For each piece of Equipment that will be purchased, provide the item name, description, and an expense breakout (i.e., the total count of each item multiplied by the price per item, \_\_\_\_ # of items X $\_\_\_\_ per item = $ Total Cost)

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| Requested Funds Detail: |
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| Match Detail: |
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**Instructional Materials** (Materials directly used or consumed by students during instruction activities)

For each type of Instructional Material that will be purchased, provide the Instructional Material name, purpose and/or need, material type (book, manual, lesson plan, consumable, etc.), and an expense breakout (i.e., the total count of each item multiplied by the price per item, \_\_\_\_ # of items X $\_\_\_\_ per item = $ Total Cost)

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| Requested Funds Detail: |  |
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| Match Detail: |  |
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**Equipment Installation** (if not included with purchase)

*Note: A vendor quote documenting the cost of the equipment installation to be purchased with WFF funds and/or Match funds* ***must*** *be submitted with your application.*

For all required Installation expenses, provide the equipment name, description of installation/name of installer, AND an expense breakout (i.e., the count of installation hours multiplied by the price per hour, \_\_\_\_ # of hours X $\_\_\_\_ per hour = $ Total Cost) OR the quoted price for the installation.

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| Requested Funds Detail: |
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| Match Detail: |
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**Facility/Renovations**

For each renovation, for the enhancement or improvement of a technical education facility. provide the renovation name, description, and an expense breakout (i.e., the count of renovation hours multiplied by the price per hour,   
\_\_\_\_ # of hours X $\_\_\_\_ per hour = $ Total Cost) OR the quoted price for the renovation.

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| Requested Funds Detail: |
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**PROJECT PROPOSAL**

**Project Need**

* Describe the need for enhancing or improving the technical education facility or acquisition of advanced manufacturing or construction equipment.
* Describe how equipment acquisition and/or technical facility enhancements/ improvements will impact students, the school district, and employers.
* Provide data, information, and/or examples to support the need and scope.
* Describe sources of Match and provide a Letter of Commitment to document these sources of funds~~.~~
* Provide any other details proposal evaluators should know about the project.

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**Partnerships**

* Describe how the project leverages new or existing partnerships with employers, local/regional economic development organizations, workforce development boards, and sources of non-state matching funds. Provide details of the amount of cash or In-Kind match that will be provided by private sector partners~~.~~
* Describe how the project impacts the local community and/or surrounding region and provide supporting data and examples.
* Provide information regarding Sparsity aid eligibility.

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**Training Capacity**

* Describe the value of project benefits to students, regional employers, regional training capacity, and the supply of skilled workers in advanced manufacturing fields.
* Describe the number of students that will be trained, number of courses offered, number of certifications, milestones, and expected outcomes.
* Describe how the plan, milestones, and outcomes will be monitored.
* Describe how project expenses align with the project goals and outcomes.

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**Builds on Proven Programs**

* Describe any new curricula, certifications, and/or credit programs that will result from this project.
* Describe how the curriculum, equipment, technical facility enhancements/improvements, and technology will continue to be used after the project is complete.
* Describe any collaborations that may improve future ability to address the training issue.

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**Sustainability**

* Describe how the project builds on proven occupational skills training programs and demonstrates program sustainability.
* Describe partnerships and financial support provided for the training program, including letter(s) of commitment.
* Describe details of the amount of cash or In-Kind match that will be provided by private or public sector partners.

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**LETTERS OF COMMITMENT, SUPPORT, AND MATCH**

Email any letters of intent to support your proposal with your application form. Several partner/match letters may be combined into a single PDF document, if desired.

**Partner:** A project partner is any entity other than the applicant that is providing support for the project. For each project partner, submit a signed letter of commitment (on partner letterhead) that describes the partner's support in detail and confirms the partner's agreement to support the project.

**Match:**

* The matching funds must be in an amount equal to one of the following:

1. Except as provided in subd. 2., if the match is contributed from private sources, 100 percent of the grant amount awarded.

2. If any of the match is contributed from school district funds, 200 percent of the grant amount awarded.

* Match may be in the form of money or the monetary value of donated equipment that is contributed from private sources, the school district, or both.
* Cash or the cash value of donated equipment that is received by the applicant prior to grant contract execution is not eligible as Match.
* For each source of Match, submit a signed letter of commitment (on source letterhead) that describes the source's contribution in detail and confirms their agreement for the contribution to be used in support of the project proposed in the application.
* Match must be received by the applicant or be available in the applicant's budget **during the grant period.** The two-year grant period extends from the grant contract execution date to the grant contract end date.

**Certification:** It is understood and agreed by the undersigned that:

1. By submitting this application, I certify that, to the best of my knowledge and belief, the information submitted is true and correct.
2. Application proposal will form the basis for any grant awarded and be incorporated by reference into a grant contract with DWD.
3. By submitting this application, I certify that the Applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
4. By submitting this application, I certify that the Applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes, but is not limited to, lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory interventions or inadequate capital to complete the project.
5. Applicant understands this application and other materials submitted to OSD may constitute public records subject to disclosure under Wisconsin's Public Records Law, § 19.31 et. seq.
6. Applicant understands that submitting false or misleading information in connection with his/her application may result in the Applicant being found ineligible for grant assistance through the WFF program and, if the grant is awarded to the Applicant, may be a basis to terminate the grant.
7. I am fully authorized to execute and deliver this contract on behalf of the Applicant.

Name and title of the individual authorized to commit applicants to this agreement:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | Initials: |  |
| Title: |  | | | Date Signed: |  | | |
| Phone: |  | Email: |  | | | | |