



August 26, 2019

**WDVA Bulletin No. 1072**

**TO: County/Tribal Veteran Service Offices**

**SUBJECT: 2020 County Transportation Services Grant**

The application for the County Transportation Services Grant, WDVA 2110, for Fiscal Year 2020 is now available at <http://dva.state.wi.us/Pages/newsMedia/WDVAToolkit.aspx>.

This grant opportunity is only offered to counties that are NOT served by transportation services via the Wisconsin Department of Disabled American Veterans.

In addition to the application (WDVA 2110), a one-page supplement form (WDVA 2110A) is available at <http://dva.state.wi.us/Pages/newsMedia/WDVAToolkit.aspx>. This form may be completed and submitted in lieu of submitting other required supporting documentation.

Completed application materials must be submitted by **October 25, 2019, at 4:00 p.m.**, via U.S. Mail to Wisconsin Department of Veterans Affairs Attn. Grants Unit, PO Box 7843, Madison, Wisconsin 53707-7843 (must be post marked on or by October 25, 2019); fax to 608-267-0403 and indicate on cover sheet “**2020 County Transportation Grant**” or scan and email to [vetsbenefitsgrants@dva.wisconsin.gov](mailto:vetsbenefitsgrants@dva.wisconsin.gov), please use “**2020 County Transportation Grant**” in the subject line.

Pursuant to WDVA Bulletin No. 1068, beginning July 1, 2019, grant funds **will no longer** be disbursed via check. If your county’s finance officer has not completed and submitted the Department of Administration (DOA) Form 6456, STAR Authorization for the Electronic Deposit of State of WI Payments they will need to do so. This form must be the 2019 version (attached). Complete forms must be submitted to the Grants unit via mail or to the Grants inbox [vetsbenefitsgrants@dva.wisconsin.gov](mailto:vetsbenefitsgrants@dva.wisconsin.gov).

Question regarding Form 6456 may be directed to **Rachel Thompson** at **(608) 266-0535**.

An email announcing the availability of the County Transportation Grant is also being sent to the County Administrator for each of the 72 counties.

Questions regarding the County Transportation Grant shall be directed to WDVA Grants Unit at 1-800-WIS-VETS or email at [vetsbenefitsgrants@dva.wisconsin.gov](mailto:vetsbenefitsgrants@dva.wisconsin.gov).



### Authorization for Direct Deposit

**Section 1: Identifying Information**

Tax Identification Number: 

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      EIN 

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 -OR-      

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 SSN

*Pursuant to Section 6109 of the Internal Revenue Service Code, we are required to obtain your Tax Identification Number (TIN) to properly report income to the IRS as required by law. Forms without a TIN will not be accepted.*

Legal Name \_\_\_\_\_  
 Doing Business As Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Section 2: Additional Identifying Information**

Supplier ID: \_\_\_\_\_ DUNS# \_\_\_\_\_  
 Recent payment number/amount received from the State: \_\_\_\_\_

Section 3: Current Financial Information					Section 4: Prior Financial Information				
<i>Bank Verification Must be Attached</i>					<i>Must be Provided to Change/Update Account</i>				
Bank Name					Bank Name				
Type	Checking		Savings		Type	Checking		Savings	
Account Number					Account Number				
<i>Account number supplied must match attached bank verification</i>					<i>Account number supplied must match previous account number on file</i>				
Routing Number					Routing Number				
<i>Routing number supplied must match attached bank verification</i>					<i>Routing number supplied must match previous account number on file</i>				
<b>New/Additional Email Address for Remittance Instructions:</b>					<b>Previous Email Address for Remittance Instructions:</b>				

**Section 5: International ACH Transaction Information**

Will the entire amount of this electronic payment ultimately be deposited into a financial institution outside of the United States, and therefore fall under the regulation of IAT?	Yes	
	No	

**Section 6: Municipalities Only**

Local Gov Investment Pool	Sub Account Number
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**Section 6: Comments**

**Section 7: Read the Agreement, Sign & Date**

The State will establish authentication information requirements for communications between the Supplier and the State, through online systems or paper forms. If the State receives a Communication containing proper authentication information, it shall be entitled to act on the Communication, and shall not be obligated to verify the content of such Communication, establish the identity of the person providing it, or await any confirmation thereof, and the State shall not be liable for acting on any Communication sent in the name of the Supplier. The Supplier shall be solely responsible for the safekeeping of the authentication information (i.e. passwords, Taxpayer Identification Numbers, bank account numbers, etc.) and assumes all risk of accidental disclosure or inadvertent use of such authentication information by any party whatsoever, whether such disclosure or use is on account of the Supplier's negligence or deliberate acts or otherwise. The State shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the Supplier. **Account changes must be reported to the State Controller's Office 30 days prior to the effective date of the change. Account changes will take effect within five business days of receipt of properly completed documentation in the DOA office. Failure to report account changes may result in delayed payments. All bank accounts are tied to an address in our system. A separate form is required for each address.** The entity listed hereby authorizes the State of Wisconsin to initiate credit entries to its bank account at the financial institution identified above. Additionally, this form provides the State of Wisconsin the authority to reverse (withdraw) any erroneous credits (deposits) to the account. The authority shall remain in effect until the State of Wisconsin receives written notification of revocation, and has a reasonable opportunity to act on it.  
*Only **Authorized** individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of your organization and are lawfully able to initiate changes to banking information. **Fraudulent conveyances are punishable offenses.***

**I have attached a copy of a current voided check or included a bank letter on bank letterhead, signed by a bank representative. Either option must include the individual/company name, routing and account numbers pre-printed by the financial institution**

Print Name:	Date:
Signature:	Phone: