

Dane County Contract Addendum Cover Sheet

Revised 03/2025

Res 065 significant

BAF # 26182
 Acct: Bush/Breunig
 Mgr: Tessman
 Budget Y/N: N

Contract # Admin will assign	16162A
--	--------

Dept./Division	Human Services /EAWS	Vendor Name	State of WI, Dept. of Health Services
Brief Addendum Title/Description	DHS is adding 2025 WI Act 116, SNAP Quality Assurance funding, to CY 2026 IM Consortium contract	Vendor MUNIS #	3716
		Addendum Term	1/1/2026 - 12/31/2026
		Amount (\$)	\$ 1,507,832.00

Department Contact Information		Vendor Contact Information	
Contact	Contract Coordination Assistant	Contact	Jonathan Schmirler
Phone #	608-242-6200	Phone #	608-267-5031
Email	dcdhscontracts@danecounty.gov	Email	Jonathan.Schmirler@dhs.wisconsin.gov
Purchasing Officer			

Purchase Order – Maintenance or New PO					
<input type="checkbox"/>	PO Maintenance Needed PO#	Org:	Obj:	Proj:	
<input checked="" type="checkbox"/>	No PO Maintenance Needed – this addendum does not change the dollar amount of the contract.				
<input type="checkbox"/>	New PO / Req. Submitted Req#	Org:	Obj:	Proj:	
		Org:	Obj:	Proj:	

Budget Amendment	
<input type="checkbox"/>	A Budget Amendment has been requested via a Funds Transfer or Resolution. Upon addendum approval and budget amendment completion, the department shall update the requisition in MUNIS accordingly.

Total Contracted Amount – List the Original contract info, then subsequent addenda including this new addendum					
A resolution is required when the total contracted amount first exceeds \$100,000. Additional resolutions are then required whenever the sum(s) of any additional addenda exceed(s) \$100,000	Addendum #	Term	Amount	Resolution	
	Original	1/1/2026 - 12/31/2026	\$ 7,036,978.00	<input type="checkbox"/> None	Res# 2025 RES 316
	A	1/1/2026 - 12/31/2026	\$ 1,507,832.00	<input type="checkbox"/> None	Res# 2026 RES-065
				<input type="checkbox"/> None	Res#
				<input type="checkbox"/> None	Res#
				<input type="checkbox"/> None	Res#
				<input type="checkbox"/> None	Res#
Total Contracted Amount			\$ 8,544,810.00		

Contract Language Pre-Approval – prior to internal routing, this contract has been reviewed/approved by:		
<input type="checkbox"/> Corporation Counsel:	<input type="checkbox"/> Risk Management:	<input checked="" type="checkbox"/> No Pre-Approval

APPROVAL
Dept Head / Authorized Designee


APPROVAL – Contracts Exceeding \$100,000	
Director of Administration	Corporation Counsel
Slaven, Shelby <small>Digitally signed by Slaven, Shelby Date: 2026.06.25 10:39:00 -05'00'</small>	SHR 6.18.26

APPROVAL – Internal Contract Review – Routed Electronically – Approvals Will Be Attached			
DOA:	Date In: 6/22/26	Date Out: _____	<input checked="" type="checkbox"/> Controller, Purchasing, Corp Counsel, Risk Management

Goldade, Michelle

From: Goldade, Michelle
Sent: Tuesday, June 23, 2026 1:45 PM
To: Hicklin, Charles; Rogan, Megan; Cotillier, Joshua
Cc: Oby, Joe
Subject: Contract #16162A
Attachments: 16162A.pdf

Tracking:	Recipient	Read	Response
	Hicklin, Charles	Read: 6/24/2026 9:39 AM	Approve: 6/24/2026 9:39 AM
	Rogan, Megan	Read: 6/23/2026 2:10 PM	Approve: 6/23/2026 2:10 PM
	Cotillier, Joshua	Read: 6/24/2026 3:28 PM	Approve: 6/24/2026 3:32 PM
	Oby, Joe		

Please review the contract and indicate using the vote button above if you approve or disapprove of this contract.

Contract #16162A

Department: Human Services

Vendor: WI Dept of Health Services

Contract Description: Adding 2025 WI Act 116 SNAP Quality Assurance Funding to Capital Consortium contract (Res 065)

Contract Term: 1/1/26 – 12/31/26

Contract Amount: \$1,507,832.00

Michelle Goldade

Administrative Manager

Dane County Department of Administration

Room 425, City-County Building

210 Martin Luther King, Jr. Boulevard

Madison, WI 53703

PH: 608/266-4941

Fax: 608/266-4425

TDD: Call WI Relay 711

Please Note: I currently have a modified work schedule...I am in the office Mondays and Wednesdays and working remotely Tuesdays, Thursdays and Fridays.

1
2
3 **2026 RES-065**

4 **ACCEPTING FUNDS FROM DHS TO SUPPORT FOODSHARE ADMINISTRATION**
5 **DCDHS – EAWS DIVISION**

6 Dane County Department of Human Services (DCDHS) Economic Assistance and Work
7 Services (EAWS) has been awarded funding from the State Department of Health Services
8 (DHS) for FoodShare Administration. This is new funding made possible through enactment of
9 new state legislation (Act 116) that is intended to help keep Wisconsin's FoodShare error rate
10 low.

11
12 Last July, HR 1 was signed into law at the federal level. Last year, Wisconsin ended the fiscal
13 year just below the 6% threshold. Under the terms of this new contract amendment, DHS will
14 expect that the Capital Consortia (group of eight counties that Dane county leads) complete
15 approximately 1,000 proactive reviews of pending FoodShare cases per month to double check
16 case accuracy. To manage this new workload, the DHS contract includes full state funding
17 support with no local levy match to hire an additional 6 Lead Economic Support Specialist (ESS)
18 positions in Dane County. EAWS intends to recruit for these positions as promotional
19 opportunities from among the existing ESS staff. As such, this resolution also authorizes the
20 immediate backfill hiring of those ESS staff moving into the new Lead roles (only these specific
21 resulting ESS vacancies will not be subject to the county hiring freeze currently in effect).
22 Because this is new state funding that is supporting these positions without a county match, the
23 county will not incur additional levy obligations through this change.

24
25 Dane County will also, as the fiscal lead for the Capital Consortia, execute contract
26 amendments with our partner counties (Adams, Columbia, Dodge, Juneau, Richland, Sauk and
27 Sheboygan) to allocate their portion of the funding provided.

28
29 These funds total \$1,507,832.00. The Dane County specific allocation is \$730,200.00.

30
31 NOW, THEREFORE, BE IT RESOLVED that the following revenue and expenditure accounts
32 be added in the Department of Human Services; and

33
34 BE IT FURTHER RESOLVED that the following revenue account be adjusted and that the
35 revenue increase be credited to the County General Fund and transferred from the General
36 Fund to the following expenditure accounts.

37
38 Revenue

<u>Account Number</u>	<u>Account Title</u>	<u>Amount</u>
62367 85261 (NEW)	SNAP Revenue	\$730,200
64367 85261 (NEW)	SNAP Revenue	\$777,632
Total Revenue		\$1,507,832

43
44

45	Expenditure		
46	<u>Account Number</u>	<u>Account Title</u>	<u>Amount</u>
47	62367 10009 (NEW)	Salaries & Wages	\$449,800
48	62367 10099 (NEW)	Retire Fund	\$33,000
49	62367 10108 (NEW)	Soc Sec	\$34,500
50	62367 10117 (NEW)	Health	\$209,900
51	62367 10153 (NEW)	Dental	\$12,000
52	62367 10250 (NEW)	Sal Savings	(\$9,000)
53			
54	64367 36261 (NEW)	SNAP CONSORTIUM	<u>\$777,632</u>
55	Total Expenditures		\$1,507,832

56
57 BE IT STILL FURTHER RESOLVED that the Dane County Board of Supervisors does hereby
58 support and authorize the creation of 6.0 FTE Lead Economic Support Specialist Project
59 positions in EAWS Division (NEW ORG 6762) effective 08/02/2026 (PP17).

60
61 BE IT FINALLY RESOLVED that the County Executive and County Clerk, when required, are
62 hereby authorized and directed to sign the agreement on behalf of Dane County.

Wisconsin Department of Health Services Contract Centralization Legal Review

Agreement Number: **435400-G26-13-15 M1**

Bureau of Procurement and Contracting (BPC) Review:


- This agreement requires **Standard** OLC review.
- This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language and requires **Simple** OLC review.
- This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language and does **not** require **Additional** OLC review.
- This agreement uses intergovernmental cooperative purchasing.

Description:

Resend includes corrected Grantee Grant Administrator. Use of word Consortia on templates previously approved by OLC.

Office of Legal Counsel (OLC) Review and Approval:

- This agreement has been reviewed for form and approved by the Wisconsin Department of Health Services Office of Legal Counsel.

DocuSigned by:

 31F480248CEC464...

6/4/2026

Name: Cody Wagner
Title: Office of Legal Counsel

Date Signed



GRANT AGREEMENT MODIFICATION
between the
STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES
And
Dane County IM CONSORTIUM
for
SNAP Quality Assurance

DHS Grant Agreement No.: 435400-G26-13-15 M1
Agreement Amount: \$8,544,810
Agreement Term Period: 1/1/2026 to 12/31/2026
GEARS Pre-Packet No: 4357

DHS Division: Division of Medicaid Services
DHS Grant Administrator: Jon Schmirler
DHS Telephone: 608-267-5031
DHS Email: Jonathan.Schmirler@dhs.wisconsin.gov

Grantee Grant Administrator: Shawn Tessmann
Grantee Address: 1202 Northport Dr, Madison, WI,
537042092
Grantee Telephone: 608-242-6200
Grantee Email: Tessmann.Shawn@danecounty.gov

Modification Description:

1. The purpose of this modification is to incorporate the funding allocated by 2025 WI Act 116 and attach Exhibit 1 - 2025 WI Act 116 IM Contract Addendum, which details how funds are to be used to support quality assurance measures for the SNAP program.
2. All other terms and conditions remain unchanged.

This is a Modification of an existing Agreement, as specified above. This Modification of Agreement encompasses both Amendments and Addendums to an existing Grant Agreement. This Modification is entered into by and between the State of Wisconsin Department of Health Services (DHS) and the Grantee listed above. With the exception of the terms being modified by this Grant Agreement Modification, ALL OTHER TERMS AND CONDITIONS OF THE EXISTING AGREEMENT, INCLUDING FUNDING, REMAIN IN FULL FORCE AND EFFECT. This Modification, including any and all attachments herein and the existing agreement, collectively, are the complete agreement of the parties and supersede any prior agreements or representations. DHS and the Grantee acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing agreement as modified by this action. This Modification becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

State of Wisconsin

Department of Health Services

Authorized Representative
Name

Title

Signature

Date

Grantee

Entity Name

Authorized Representative
Name

Melissa Agard

Title

Dane County Executive

Signature

Date

CIVIL RIGHTS COMPLIANCE ATTACHMENT

The Wisconsin Department of Health Services and Grantee agree to the below change to the agreement. The below enumerated agreement revision is hereby incorporated by reference into the agreement and is enforceable as if restated therein in its entirety.

Section 10 of the Agreement (“CIVIL RIGHTS COMPLIANCE”) is hereby amended by inserting the following:

In accordance with the provisions of Section 11 of the Food and Nutrition Act of 2008 (7 U.S.C. § 2020), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.), the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), and Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), and the regulations implementing these Acts, found at 7 C.F.R. Parts 15, 15a, and 15b, and Part 16, 28 C.F.R. Part 35, and 45 C.F.R. Part 91, the Grantee shall not discriminate based on race, color, national origin, sex, religious creed, disability, age, or political beliefs or engage in reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the United States Department of Agriculture.

HIGH-RISK IT REVIEW

Pursuant to Wis. Stat. 16.973(13), Contractor is required to submit, via the contracting agency, to the Department of Administration for approval any order or amendment that would change the scope of the contract and have the effect of increasing the contract price. The Department of Administration shall be authorized to review the original contract and the order or amendment to determine whether the work proposed in the order or amendment is within the scope of the original contract and whether the work proposed in the order or amendment is necessary. The Department of Administration may assist the contracting agency in negotiations regarding any change to the original contract price.

GEARS PAYMENT INFORMATION

DHS GEARS STAFF INTERNAL USE ONLY

GEARS PAYMENT INFORMATION

The information below is used by the DHS Bureau of Fiscal Services, GEARS Unit, to facilitate the processing and recording of payments made under this Agreement.

GEARS Contract year: 2026

Agency #:	Agency Name:	Agency Type:	GEARS Contract Start Date	GEARS Contract End Date	Program Total Contract:
13	Dane County IM CONSORTIUM	15	1/1/2026	12/31/2026	\$1,507,832

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
261	IM NONFED SNAP QUALITY ASSURANCE	Report on profile 260	-	\$753,916	\$753,916	6-month
262	IM FED SNAP QUALITY ASSURANCE	Report on profile 260	-	\$753,916	\$753,916	N/A
260	IM SNAP QUALITY ASSURANCE REPORTING	Reporting only profile	-	\$0	\$0	N/A
					\$1,507,832	

GEARS FEDERAL AWARD INFORMATION

DHS Profile Number	262
FAIN	262WI115S2514
Federal Award Date	10/1/2025
Sub-award period of Performance Start Date	1/1/2026
Sub-award period of Performance End Date	12/31/2026
Amount of Federal Funds obligated in the subaward	\$753,916
Total Amount of Federal Funds obligated	\$753,916
Federal Award Project Description	Supplemental Nutrition Assistance Program
Federal Awarding Agency Name (Department)	USDA
DHS Awarding Official Name	Debra K. Standridge
DHS Awarding Official Contact Information	608-266-9622
Assistance Listings Number	10.561
Assistance Listings Name	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program
Total made available under each Federal award at the time of disbursement	\$23,487,820
R&D?	No
Indirect Cost Rate	6.30%

Exhibit 1 – 2025 Wisconsin Act 116 Funding for SNAP Quality Assurance Reviews Funds Scope of Work

2025 Wisconsin Act 116 provides funds for Income Maintenance (IM) agencies to review benefit calculations for SNAP cases before benefits are paid out in order to reduce our SNAP payment error rate with the goal of avoiding the new federal requirement to pay a portion of SNAP benefits as required under P.L. 119-21. The stated goal is to maintain a payment error rate under 6%.

The funds provided through this addendum are all funds, do not require county match, and are to be used for the following purposes and with the expectations listed below:

- Assign staff with experience in FoodShare eligibility to perform SNAP quality assurance reviews using the tool determined by DHS, currently the Pre-Certification Tool, to review a minimum of 25% of FoodShare application certifications and re-certifications each month prior to the issuance of benefits.
- Consortia may determine how to disburse the funds within the counties in the consortia. This can be a combination of one or multiple counties supporting the additional positions for Consortia.
- In addition to the reviews using the Pre-Certification tool, these quality assurance staff may also participate in additional quality control efforts on the local and state level. Some examples include but are not limited to participating in statewide efforts to understand and remedy error patterns and make systemic improvements, perform additional verifications, and provide consortia level support to SNAP quality assurance to improve worker decision making.
- Each Consortia shall submit a FoodShare (SNAP) Quality Assurance Review plan for how they plan to utilize the funds provided through this addendum, including any changes to staffing patterns to account for the additional funding (for example: tenured staff will move into these positions and new staff will be hired for eligibility work), description of any partial positions including portions of supervisory positions covered by the funding, any transition of experienced staff into these roles and the need to hire frontline eligibility staff, how backup coverage will be handled, and which county/counties are planning to add staff and the numbers of new staff. The plan shall be submitted no later than 30 days from the date the agreement is signed. If portions of the plan evolve as the positions are added, the consortium shall submit an updated plan.
- Consortia may not supplant their existing level of effort of funding Income Maintenance with these funds. The funds are intended to supplement, not replace the existing level of funding contributions by Consortia. Consortia must preserve documentation for future audits that evidence how funds were spent to supplement their level of effort.

DHS reserves the right to re-obligate unspent funds between Consortia.

Each IM Consortia will be given a proportion of the 2025 Wisconsin Act 116 funds based on the current funding formula used for the base contracts in the amounts listed in the table below:

Consortium	CY26	CY27
------------	------	------

	Quality Assurance	Quality Assurance
Bay Lake	\$747,559	\$747,559
Capital	\$1,507,832.00	\$1,507,832.00
Central	\$539,857.00	\$539,857.00
East Central	\$1,012,674.00	\$1,012,674.00
Great Rivers	\$1,017,575.00	\$1,017,575.00
Moraine Lakes	\$993,020.00	\$993,020.00
Northern	\$672,830.00	\$672,830.00
Southern	\$825,786.00	\$825,786.00
Western	\$629,161	\$629,161
WKRP	\$874,506	\$874,506

DEPARTMENT OF HEALTH SERVICES
Division of Enterprise Services
F-01788 (03/2022)

STATE OF WISCONSIN

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using Federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

SIGNATURE – Official Authorized to Sign Application		Date Signed
For (Name of Vendor)	Unique Entity Identifier (UEI), if applicable	

Certificate Of Completion

Envelope Id: C2929E1B-6270-84D8-82EF-56FF5BA7D5C8	Status: Sent
Subject: RESEND EMERGENCY Multi - Capital Consortium - SNAP Quality Assurance - 435400-G26-13-15 M1	
Source Envelope:	
Document Pages: 8	Signatures: 1
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Alicia Nitch
Time Zone: (UTC-06:00) Central Time (US & Canada)	201 East Washington Avenue
	Madison, WI 53703
	Alicia.Nitch@dhs.wisconsin.gov
	IP Address: 165.225.59.56


Record Tracking

Status: Original	Holder: Alicia Nitch	Location: DocuSign
6/4/2026 8:12:48 AM	Alicia.Nitch@dhs.wisconsin.gov	
Security Appliance Status: Connected	Pool: StateLocal	

Signer Events

Cody Wagner
 CodyW.Wagner@dhs.wisconsin.gov
 Office of Legal Counsel
 Wisconsin Department of Health Services
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 Cody Wagner
 31F480248CEC464...
 Signature Adoption: Uploaded Signature Image
 Using IP Address: 170.85.12.164

Timestamp

Sent: 6/4/2026 8:22:28 AM
 Viewed: 6/4/2026 10:18:21 AM
 Signed: 6/4/2026 10:32:42 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Melissa Agard
 contracts@danecounty.gov
 Dane County Executive
 Security Level: Email, Account Authentication (None)

Sent: 6/4/2026 10:32:44 AM
 Viewed: 6/5/2026 10:32:27 AM

Electronic Record and Signature Disclosure:

Accepted: 6/5/2026 10:32:27 AM
 ID: 646fabec-9966-43b9-ada3-fa9308727ea5

Amanda Dreyer
 amandac.dreyer@dhs.wisconsin.gov
 Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Accepted: 6/5/2026 10:31:15 AM
 ID: b468fc5c-b01b-4975-9d0d-4d7ead497fc2

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
--------------------	--------	-----------

Jonathan Schmirler
jonathan.schmirler@dhs.wisconsin.gov
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

COPIED

Sent: 6/4/2026 8:22:27 AM

GEARS Contracts
DHSCARSCONTRACTS@dhs.wisconsin.gov
Wisconsin Department of Health Services
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

COPIED

Sent: 6/4/2026 8:22:28 AM

DMS PASS
DHSDMSPASS@dhs.wisconsin.gov
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Adam Chorlton
Chorlton.Adam@countyofdane.com
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Riley Samis
riley.samis@dhs.wisconsin.gov
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Shawn Tessmann
Tessmann.Shawn@countyofdane.com
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Accepted: 7/18/2023 4:14:39 PM
ID: 0eda9291-26be-438b-8947-e0849cb7b59a

Witness Events	Signature	Timestamp
----------------	-----------	-----------

Notary Events	Signature	Timestamp
---------------	-----------	-----------

Envelope Summary Events	Status	Timestamps
-------------------------	--------	------------

Envelope Sent	Hashed/Encrypted	6/4/2026 8:22:28 AM
---------------	------------------	---------------------

Payment Events	Status	Timestamps
----------------	--------	------------

Electronic Record and Signature Disclosure
--

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Wisconsin Department of Health Services (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Department of Health Services:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: DHSCentral@dhs.wisconsin.gov

To advise Wisconsin Department of Health Services of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at DHSCentral@dhs.wisconsin.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Wisconsin Department of Health Services

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to DHSCentral@dhs.wisconsin.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Wisconsin Department of Health Services

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to DHSCContractCentral@dhs.wisconsin.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Wisconsin Department of Health Services as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Wisconsin Department of Health Services during the course of your relationship with Wisconsin Department of Health Services.