# **ADM Grantee Evaluation Batch Upload Instructions**

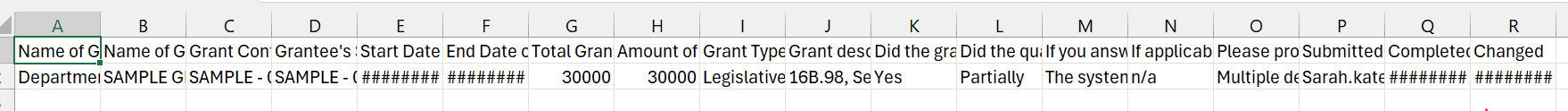
*Updated June 6, 2025*

## **Purpose**

This document outlines the steps for creating a CSV file for batch uploads of grantee performance evaluation data into the Department of Administration’s (ADM) on-line system for public posting. Evaluations may also be submitted individually through the on-line system by registered agency users. These processes support agency compliance with OGM Policy 08-13 and Minnesota Statute, §16B.98, Subd. 12.

## **Create Batch Upload File**

1. Open the ADM Grantee Evaluation Batch Upload Template (.csv) file using Microsoft Excel.
2. The first row contains headers: Name of Granting Agency, Name of Grantee, Grant Contract Number, etc. The second row contains sample data to model your data on. The third row designates which fields are required.



## **Adding Data**

Use row 2 as a data guide to understand the field format of each cell before inputting your own data. Ensure that the data type and format or the data you input in the spreadsheet match the example provided.

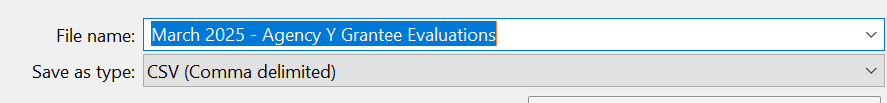
For example: In column A, enter Name of Granting Agency. For each field that is a selection from a “select list”, the option text must exactly match the options available (see instructions below). In column B, enter Name of Grantee. Etc.

**NOTE: After entering data and before sending for upload, remember to delete the sample/instructional row.**

Your agency may be exporting this data from a grant management system or database. It is vital that the data in the fields be formatted correctly for the batch upload to be successful. See instructions below for field formatting.

## **Saving File**

You will need to save as a Comma delimited or .csv file. To do this, select “File” in the top menu. Select “Save as” and choose a location to save the file. In the “Save as Type” dropdown menu, select CSV (.csv).

Enter a name for your file that **includes your agency name and the date the file was created** and click Save. An example is shown below.   


**File Submittal**

**Completed CSV files should be sent to** [**Grants.ADM@state.mn.us**](mailto:Grants.ADM@state.mn.us)**.** OGM staff will coordinate with MNIT and the system vendor to upload the file to the system. Evaluations will be available for public view at <https://osp.admin.mn.gov/granteval/grant-eval-uploader>. In the event of data errors, the file will be returned to the agency for correction and resubmittal. **Agencies are responsible for retaining a copy of the evaluation in the grantee’s file.**

## **Required CSV Field Layout**

Data entered in each column in the CSV file must match the field type and be in the proper format as indicated below. This enables the system to match the data with the appropriate field in the online form. The following list of form fields describes how data must be entered into the cells to ensure a smooth upload. Any data errors will be sent back to the agency for correcting and may delay posting of evaluations. Cells that correlate to required fields MUST contain data or that row of the CSV file will be rejected. Blank cells that correlate to non-required fields will display with the text {Empty}. All required fields are labeled as such below and on the template Excel file.

1. **Name of Granting Agency** (REQUIRED)  
   If your agency or entity does not appear on this list, please reach out to [Grants.ADM@state.mn.us](mailto:Grants.ADM@state.mn.us) for assistance.

|  |  |
| --- | --- |
| **Type of Field** | Text |
| **Format** | Match name exactly as below |
| **Options or notes** | Enter text of agency in cell |
| Board of Water and Soil Resources | |
| Clemency Review Commission | |
| Department of Administration | |
| Department of Commerce | |
| Department of Corrections | |
| Department of Children, Youth, and Families | |
| Department of Education | |
| Department of Employment and Economic Development | |
| Department of Health | |
| Department of Human Services | |
| Department of Iron Range Resources and Rehabilitation | |
| Department of Labor and Industry | |
| Department of Military Affairs | |
| Department of Natural Resources | |
| Department of Public Safety | |
| Department of Revenue | |
| Department of Transportation | |
| Department of Veterans Affairs | |
| Emergency Medical Services Regulatory Board | |
| Explore MN/MN Tourism | |
| Minnesota Housing Finance Agency | |
| Minnesota Indian Affairs Council | |
| Minnesota Management and Budget | |
| Minnesota Pollution Control Agency | |
| Minnesota State Arts Board | |
| MN Board on Aging | |
| MN Racing Commission | |
| MNIT | |
| MnSure | |
| Office of Cannabis Management | |
| Office of Higher Education | |
| Professional Educator Licensing and Standards Board | |

1. **Name of Grantee** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Text |
| **Format** | Any letters or numbers; no special characters other than periods or commas. |
| **Options or notes** | No character limit |

1. **Grant Contract Number** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Text |
| **Format** | Any letters or numbers; no special characters other than periods or commas. |
| **Options or notes** | No character limit |

1. **Grantee’s SWIFT Vendor ID Number** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Text |
| **Format** | Any letters or numbers; no special characters other than periods or commas. |
| **Options or notes** | No character limit; Must match the vendor ID number as listed in SWIFT. |

1. **Start Date of Grant** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Date |
| **Format** | mm/dd/year or m/dd/year |
| **Options or notes** | Must be entered this way |

1. **End Date of Grant** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Date |
| **Format** | mm/dd/year or m/dd/year |
| **Options or notes** | Must be entered this way |

1. **Total Grant Award Amount Including Amendments** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Number |
| **Format** | Any numbers; no special characters other than periods and commas. |
| **Options or notes** | No character limit; Can enter either whole dollar amounts or dollars and cents separated by a decimal point. |

1. **Amount of Grant Paid to Grantee** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Number |
| **Format** | Any numbers; no special characters other than periods and commas. |
| **Options or notes** | No character limit; Can enter either whole dollar amounts or dollars and cents separated by a decimal point. |

1. **Grant Type** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Select from dropdown |
| **Format** | Match name exactly as below |
| **Options or notes** | Enter text in cell |
| Competitive |  |
| Legislatively Named |  |
| Formula |  |
| Sole Source |  |

1. **Grant Description and Purpose** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Text Area |
| **Format** | Any letters or numbers; no special characters other than periods or commas. |
| **Options or notes** | No character limit |

1. **Did the grantee comply with the reporting and monitoring requirements, timely and in accordance with terms of the grant agreement?** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Text |
| **Format** | Match exactly as below |
| **Options or notes** |  |
| Yes |  |
| No |  |
| Partially |  |

1. **Did the quality of the grantee work fulfill the expected outcomes of the grant?** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Text |
| **Format** | Match exactly as below |
| **Options or notes** |  |
| Yes |  |
| No |  |
| Partially |  |

1. **If you answered no or partially to either of the two prior questions, you must explain here. If you answered yes, you may add additional information here.**

|  |  |
| --- | --- |
| **Type of Field** | Text Area |
| **Format** | Any letters or numbers; no special characters other than periods or commas. |
| **Options or notes** | No character limit |

1. **If applicable, please list any unaddressed concerns or issues with the grantee below including the following: unresolved pre-award risk assessment items or concerns; financial or audit concerns; fraud, waste, or abuse concerns; termination of grant.**

|  |  |
| --- | --- |
| **Type of Field** | Text Area |
| **Format** | Any letters or numbers; no special characters other than periods or commas. |
| **Options or notes** | No character limit |

1. **Please provide any additional comments about the grantee’s overall performance here.**

|  |  |
| --- | --- |
| **Type of Field** | Text Area |
| **Format** | Any letters or numbers; no special characters other than periods or commas. |
| **Options or notes** | No character limit |

1. **Submitted by** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Email address |
| **Format** | Email address |
| **Options or notes** | Must be individual state staff email address and not an alias or shared inbox |

1. **Completed Date** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Date |
| **Format** | mm/dd/year or m/dd/year |
| **Options or notes** | This refers to the date the grantee evaluation was completed or submitted. Per statute and policy, evaluations for grants under $25,000 must be completed within 60 days of final grant closeout activities. For grants $25,000 and more, a copy of the evaluation must be submitted to ADM within 60 days of final grant closeout activities. Date format must be entered this way. |

1. **Changed** (REQUIRED)

|  |  |
| --- | --- |
| **Type of Field** | Date |
| **Format** | mm/dd/year or m/dd/year |
| **Options or notes** | For batch uploads this should match date in field 17 |

--------END---------