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**Policy 08-13 Grantee Performance Evaluation**

This document includes all questions found on the Grantee Performance Evaluation online form as of June 9, 2025. Completed forms may be [viewed here](https://osp.admin.mn.gov/granteval/grant-eval-uploader). Required fields have been indicated as such below. Agencies could use this document as a template to copy and paste from into the online form or to save content into a grant file. If an agency plans to submit an evaluation using the batch upload option, please refer to the specific instructions related to formatting data within a CSV file. Batch upload instructions and a template Excel file can be found on the [OGM website](https://mn.gov/admin/government/grants/training/).

**Name of Granting Agency**(Required)

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**Name of Grantee**(Required)

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**Grant Contract Number**(Required)

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**Grantee's SWIFT Vendor ID Number**(Required)

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**Start Date of Grant**(Required)

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**End Date of Grant**(Required)

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**Total Grant Award Amount Including Amendments**(Required)

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**Amount of Grant Paid to Grantee**(Required)

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**Grant Type: [Drop down menu options: Competitive, Legislative, Formula, Single/Sole Source]** (Required)

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**Purpose of the Grant** (Required)

Grant description and purpose. Note to evaluator: this may be copied from the grant agreement or RFP.

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**Performance Evaluation** (Required)

Did the grantee comply with reporting and monitoring requirements, timely and in accordance with the terms of the grant agreement? [Drop down menu options: Yes, No, Partially]

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**Did the quality of the grantee’s work fulfill the expected outcomes of the grant?**(Required)[Drop down menu options: Yes, No, Partially]

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**If you answered no or partially to either of the two prior questions, you must explain here.** (Required)

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**If you answered yes, you may add additional information here.** (Required)

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**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.** (Required)

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**Please provide any additional comments about the grantee’s overall performance here.** (Required)

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**Submitter (auto generated by online system)**

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**Submitted Date (auto generated by online system)**

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