

Minnesota Department of Veterans Affairs (MDVA)



GRANTS MANUAL

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Note: All Forms are available for download from the MDVA Website - [Grants Page](#) or are available upon request from the MDVA Grants Specialist.

I. INTRODUCTION

The Finance Division within the Minnesota Department of Veteran Affairs (MDVA) provides contract management services related to grant programs. Contract management ensures oversight of grants for program deliverables and meets the requirements of all federal and state laws and policies including the Department of Administration's Office of Grants Management (OGM) procedures. Contract management aids recipients with financial compliance and ensures program consistency with appropriation law, state statute, grants policies, and approved budgets, work plans and final reports.

The grantee is responsible for establishing and maintaining adequate internal financial control systems that follow generally accepted accounting and auditing principles. Any accounting issues not addressed in this manual are subject to state agency standards as interpreted by the State's internal auditors. All programs are subject to final audit.

The Minnesota Office of Grants Management Policy (OGM) Policy Number 08-10 requires one monitoring visit during the course of the grant period for grants valued at over at \$50,000. Monitoring will take place either at the grantee's office location, the MDVA Saint Paul Office, or via phone. Grantees will be given adequate notice prior to monitoring. The purpose of monitoring is to:

- Resolve problems
- Offer technical assistance
- Review recordkeeping (financial records and associated documentation and procedures)

Note: The MDVA Finance Division reserves the right to monitor grants valued at less than \$50,000.

This manual was developed to help grantees administer their MDVA grants and to provide instruction on reporting eligible program expenses for Advanced Payment Reporting and Reimbursement Payment Requests. However, this manual will not be able to address all issues and potential problems that may arise during the completion of the program.

For questions regarding this Grant Manual, the Grant Agreement, Amendments, Reimbursement Requests and/or Advanced Payment Requests, please contact the MDVA Grants Specialist or the State's Authorized Representative.

II. STATE ACCOUNTING SYSTEM (SWIFT) REQUIREMENTS

MDVA processes grant payments (Reimbursement and Advanced Payments) through a system managed by Minnesota Management and Budget (MMB). The preferred method of payment is through the use of an electronic funds transfer (EFT) directly into the grantee's designated bank account. Electronic transfer reimbursements provide timely payments and prevent the loss of checks either in the mail or by misdirection. In order to set up the electronic transfer payment process, please contact MMB at 651-201-8106.

The grantee will also need to request a User ID to access the SWIFT e-Supplier portal to view payment information:

Go to <http://supplier.swift.state.mn.us>

- At the Supplier Portal - leave the User ID and Password boxes blank
- Click on the 'Vendor Registration Link'
- Enter Vendor Name, Tax Identification Number (TIN) Type & Federal Tax ID and click next
- Enter SWIFT Vendor ID and click 'find' (to find the SWIFT Vendor ID - go to <http://www.swift.state.mn.us/vendors> and enter the vendor number)
- If a user ID exists it will be displayed
- Click on the 'Create new user' button and follow the steps to create a new user password
- An email will be sent with the new User ID and password.

Questions regarding this process can be sent to efthelpline.mmb@state.mn.us.

III. GRANT PAYMENTS

In accordance with the Minnesota Office of Grants Management Policy (OGM) Policy Number 08-08, payments for MDVA grants are reimbursement-based unless Advanced Payment is authorized by MDVA and is specified in the grantee's grant agreement.

MDVA grantees may incur grant expenditures when the MDVA grant agreement has been fully executed as specified in Section 1.0 Term of the (grantee's) Grant Agreement as permitted by Minnesota Statutes §16B.98, Subdivision 11.

To ensure that grant expenditures are incurred within the grant period, grantees should report expenses based on when the expense occurs (accrual accounting), not when the expense is paid (cash-basis accounting). In most cases, the date shown on the invoice or receipt is the date the expense was "incurred".

A. Reimbursement Payment

When a grant agreement is reimbursement-based, grantees must pay for program expenses prior to seeking grant reimbursement from the State. Eligible expenses are then reimbursed, as outlined the grant agreement approved budget.

Reimbursement Payment Requests are submitted to the MDVA Grants Specialist or the State's Authorized Representative monthly, quarterly or as specified in the grant agreement

- Monthly (June, July, August etc.)
- Quarterly (Q1 - Jul-Sep, Q2 - Oct-Dec etc.)

1. Documents Submitted to Receive Reimbursement Payment

The grantee will provide to the State by e-mail (preferred), mail or as specified in the grant agreement the following information to receive reimbursement payments:

- **Reimbursement Payment Request Form – Appendix C**

This form must be completed and signed by the grantee's Authorized Representative.

- **Budget Expenditure Spreadsheet – Appendix E (Sample)**

The Budget Expenditure Spreadsheet provides the starting budget amounts, the current requested reimbursement amount, and the remaining balance of funds available. In general, the Budget Categories are the same as those from the original approved budget. Only MDVA approved budget items (expenses) will be eligible for reimbursement.

- **Travel Log – Appendix F (Excel Format)**

- **Other Logs (as applicable)**

- **Grant Expense Supporting Documentation (Ref. Section IV.)**

Reimbursement Payment Requests must include grant expense supporting documentation (e.g. invoices, travel logs, receipts, service contracts and payroll records) unless otherwise specified in the grant agreement.

Expense supporting documentation is required to: 1) determine the eligibility of each expense and 2) ensure expenses were made within the period eligible for reimbursement.

While it is the expectation of the State that Reimbursement Payment Request Forms submitted by the grantee to the State are complete and accurate, during the course of the State’s review it is not uncommon, especially with newer grantees, to identify inaccuracies. When the grant expenditure documentation contains errors (e.g. missing forms, math errors, expenses disallowed by the State etc.), upon notification by the State, grantees are required to correct and resubmit the documents referenced above (Budget Expenditure Spreadsheet, Travel Log, Organization Compliance Report etc.) in a timely fashion in order to accurately reflect State approved expenditures.)

B. Advanced Payment

In general, grantees with an Advanced Payment provision in their grant agreement will receive grant payment at the beginning of the grant period. Throughout the grant period and as the grant funds are expended, grantees will retain their grant expenditure supporting documentation on file (receipts, invoices, travel logs, payroll reports and proof of payment).

1. Multiple Payments

Occasionally, grantees will have a provision in their grant agreement allowing for two, partial advanced payments throughout the grant period. When this is the case, grant payments are usually be made at the beginning and again mid-way through of the grant period.

When grantees receive more than one advanced payment, the grantee will provide grant expenditure supporting documentation to the State by e-mail (preferred) or mail according to the payment schedule specified in the grant agreement. Subsequent payments will be made to the grantee by the State only after these documents have been reviewed and approved by the MDVA Grants Specialist or the State’s Authorized Representative.

2. After Grant Funds Have Been Expended and/or Grant Closeout

After grant funds has been expended and/or at the end of the grant period (grant closeout), the grantee will provide to the State by e-mail (preferred), mail or as specified in the grant agreement the following information:

- **Advanced Payment Grant Expenditure Report Form – Appendix D**
This form must be completed and signed by the grantee’s Authorized Representative.
- **Travel Log – Appendix F** (*as applicable*)
- **Other Logs** (*as applicable*)
- **Budget Expenditure Spreadsheet – Appendix E (Sample)**
The Budget Expenditure Spreadsheet provides information on the starting budget amounts, current budget expenditures, and the remaining balance of funds available (*when applicable*). In general, the Budget Categories are the same as those from the original, approved Budget. Only approved budget items (expenses) are eligible for reimbursement.
- **Grant Expense Supporting Documentation (Ref. Section IV.)**
The Advanced Payment Expenditure Report must include grant expense supporting documentation (e.g. invoices, travel logs, receipts, service contracts and payroll records) unless otherwise specified in the grant agreement.

Expense supporting documentation is required to: 1) determine the eligibility of each expense and 2) ensure expenses were made within the allowed grant period.

While it is the expectation of the State that Reimbursement Payment Request Forms submitted by the grantee to the State are complete and accurate, during the course of the State’s review it is not uncommon, especially with new grantees, to identify errors. When the grant expenditure documentation contains errors (e.g. missing forms, math errors, expenses disallowed by the State etc.), upon notification by the State, grantees are required to correct and resubmit the documents referenced above (Budget Expenditure Spreadsheet, Travel Log, Organization Compliance Report etc.) in a timely fashion in order to accurately reflect State approved expenditures.)

IV. GRANT EXPENSE SUPPORTING DOCUMENTATION

For all grant payments (Reimbursement or Advanced Payment), supporting documentation (invoices, receipts, payroll records, service contracts etc.) must include the product purchase date(s) and/or the date range for which the services were performed in order to determine the date(s) fall within the period eligible for reimbursement as specified in the grant agreement.

Please **write** the following information on all supporting documentation (e.g. invoices etc.):

- Budget category for the expense (e.g. Personnel, Travel, and Equipment etc.)

- If the documentation (e.g. receipt, invoice) reflects expenses for more than one budget category, indicate which budget items are posted to which budget category.
- If the documentation has non-program expenses on it, be sure to line-through the nonrelated expenses.
- For grantees with employee wages included in their approved budget, then non-salaried employees must track the number of hours worked. Timesheet elements include the time period worked, (date range of work performed), name of the employee, rate of pay, hours worked, and benefit rate.
 - The original payroll records must be available for review if requested. Please contact the MDVA Grants Specialist or State’s Authorized Representative for more information.

V. DOCUMENTS TO BE KEPT ON FILE

The grantee must maintain all records related to the MDVA grant including the executed copy of the Grant agreement, grant agreement amendments, expenditure supporting documentation and correspondence in a separate MDVA program file. Documentation specified to be maintained on-file by the grantee in the grant agreement may be summoned by the State’s Authorized Representative for monitoring/audit purposes. Requested documents must be provided within two (2) weeks upon request.

A. Proof of Payment Documentation

It is the grantee’s responsibility to maintain Proof of Payment documentation on file throughout the grant period and to make it available whenever requested by the State or as specified in the grant agreement.

Proof of payment documentation must include one of the following:

- Grantee accounting software generated “Account Activity Report” which includes:
 1. Payee Name
 2. Warrant/Check No.
 3. Warrant/Check Date
 4. Warrant/Check Amount
 5. Warrant/Check Description
- Or a copy of a bank statement (OK to redact confidential data)
- Or photocopies of bank cleared checks (front/back)
- Or original employee time records and payroll documentation.

Note: All records related to the program must be retained for a minimum of six (6) years following the end of the grant agreement.

VI. FINAL GRANT CLOSEOUT REQUIREMENTS

In general, MDVA Grant Closeout requirements are the same for both Reimbursement and Advanced Payment type grants. (Ref: Appendix A: Documentation Checklist (Reimbursement Grants) and Appendix B: Documentation Checklist (Advanced Payment Grants))

Grant Closeout documentation must be submitted by the grantee to the State Authorized Representative within 20 business days after the grant agreement termination date (Ref: grant agreement), or as specified in the grant agreement, (whichever is earlier) in order to allow adequate time to review the paperwork, notify the grantee of any missing or incomplete documentation and resolve discrepancies, if necessary.

A. Final Report

In accordance with the Minnesota Office of Grants Management Policy (OGM) [Policy Number 08-09](#), grantees are required to submit Progress Reports at least annually. For most MDVA grantees, the Progress Report, (Final Report) is submitted at the end of the grant period or after all grant funds have been expended. Final report formats will vary from grantee to grantee. However, in general, final reports are a 2-4 page narrative that provides metrics, background and context describing how the grant funds were expended and Veteran “stories.” For more information, refer to the grant agreement or the State’s Authorized Representative.

B. Grant Compliance Report (Appendix H)

Upon successful review and approval of the grantee closeout documents (e.g. final Reimbursement Payment Request, final report etc.), the Grant Compliance Report will be signed by the State’s Authorized Representative certifying the grantee is in “Good Standing”.

Grantees awarded advanced payment grants are required to refund all unexpended grant funds greater than \$25.00, as determined by the State Authorized Representative, to the State at grant closeout. State certification of the Grant Compliance Report is conditional upon receipt of the full refund amount.

Grantees with unresolved questions or discrepancies are placed in a “Grantee Hold” status and will be unable to receive future grants, until the unresolved issues have been corrected to the satisfaction of the State.

VII. TRAVEL AND MEAL ALLOWANCES (COMMISSIONER’S PLAN)

Grantees may be compensated for travel and related travel expenses when Travel is a MDVA approved budgeted expense in the grant agreement. In order for travel to be an eligible expense, grantees must report travel activity on the Travel Log (Ref: Appendix F). All travel expenses must be incurred according to the guidelines as stated in the Commissioner’s Plan.

A. Meal Expenses

Grantee meal expenses must meet the specifications outlined in the Commissioner’s Plan, however grantees are not required to submit meal receipts with other Expense Supporting Documentation (Ref. Section IV.)

Website link for information on meal and mileage rates:

[Commissioner's Plan Website](http://mn.gov/mmb-stat/000/az/labor-relations/plans/2015-2017/final-commissioners.pdf) <http://mn.gov/mmb-stat/000/az/labor-relations/plans/2015-2017/final-commissioners.pdf> (Search for (Control F): 15 – Expense Reimbursement pp. 122)

Out of state travel is an ineligible expense unless is specifically allowed in the grant agreement or with prior written approval granted by the State's Authorized Representative.

VIII. GRANTEE ERRORS AND/OR MISSING SUPPORTING DOCUMENTATION

A. Disallowed Expenses

In the event that the MDVA Grant Specialist or Grant Authorized Representative have unresolved questions concerning whether reported grant expenditures are allowed according to the grant agreement and/or if the required grant supporting documentation is not available upon request, the State may require a refund (Advanced Payment Grants), or place a “reimbursement payment hold”, (Reimbursement Grants) on the grantee until the issue has been resolved to the satisfaction of the State.

B. Grantee Payment Decision Appeal

In the event a grantee disputes a payment decision by the State, the grantee may appeal the decision in writing within 30 days of the State's payment decision. All payment disputes will be addressed to the MDVA Programs & Services Commissioner (or designee).

IX. MDVA GRANT PAYMENT SCHEDULE

In general, grantees may expect to be reimbursed within 30 days from submission of a Reimbursement Payment Request (RPR) by the grantee. In situations where the RPR contains errors and/or required forms are omitted, the 30 day count shall begin after the errors and/or omissions have been corrected and resolved to the satisfaction of the State.

X. CONTACT INFORMATION

Minnesota Department of Veteran Affairs
Liz Kelly, Grants Specialist
20 West 12th Street, 2nd Floor
St. Paul, MN 55155-4010
Tel: 651-201-8225
Main: 651-296-2562
liz.kelly@state.mn.us

APPENDIX A

Documentation Checklist (Reimbursement Grant)

The checklist contains a summary of the documentation submitted to the State throughout the grant period. In general, referenced forms and spreadsheets may be downloaded from the MDVA Website – Grant Page <https://mn.gov/mdva/resources/federalresources/grants/>.

Note: This is for grantee reference only and is not submitted to MDVA.

Documentation to be submitted to MDVA before grant agreement may be executed:

___ **Grant Agreement** (3 original copies signed by the grantee’s Authorized Representative... all pages)

___ **Work Plan** (narrative describing the proposed Grant Outcomes) *Note: The Work Plan format and description are specified in the grant agreement, Section 2.0 - Grantee Duties.*

___ **Budget Expenditure Spreadsheet (Table I) – Appendix E** (Excel format) *Note: The Budget Expenditure Spreadsheet is an accounting of the grantee’s proposed grant expenditures. The Spreadsheet format is specified in the grant agreement.*

___ ***Conflict of Interest Disclosure Form – Appendix G** (Page 1 only)

___ **Other** (e.g. Activity Log and/or as specified in the grant agreement)

Documentation to be submitted after grant funds have been expended:

___ **Reimbursement Payment Request Form – Appendix C**

___ **Budget Expenditure Spreadsheet (Table II) – Appendix E** (Excel format) *Note: The Budget Expenditure Spreadsheet (BER) is a detailed list of the grantee’s actual grant expenditures (invoices, receipts etc.). A sample BER is provided as an attachment in the grant agreement.*

___ **Supporting Documentation** *Note: Examples of supporting documentation includes receipts, invoices, travel logs, payroll records and proof of payment.*

___ **Travel and Meal Log(s) – Appendix F** (as applicable)

___ **Contract & Bidding Log Sheet – Appendix I** (as applicable)

___ **Gift Certificate Log– Appendix J** (as applicable)

Documentation to be submitted only at the end of the grant period:

___ **Final Report** (narrative describing the Grant Outcomes) *Note: The final report format and description are specified in the grant agreement, Section 2.0 - Grantee Duties.*

___ **Organization Compliance Report – Appendix H** *Note: A statement by the grantee certifying the grant funds were expended according to State specifications.*

*The **Conflict of Interest Disclosure Form – Appendix G** (Page 1 only) must also be submitted to the MDVA Grants Specialist whenever a *perceived, potential or actual* Conflict of Interest situation arises anytime throughout the grant period.

APPENDIX B

Documentation Checklist (Advanced Payment Grant)

The checklist contains a summary of the documentation submitted to the State throughout the grant period. In general, referenced forms and spreadsheets may be downloaded from the MDVA Website – Grant Page <https://mn.gov/mdva/resources/federalresources/grants/>.

Note: Checklist is for grantee reference only and is not submitted to MDVA.

Documentation to be submitted to MDVA before grant agreement may be executed:

- ___ **Grant Agreement** (3 original copies signed by the grantee’s Authorized Representative... all pages)
- ___ **Work Plan** (narrative describing the proposed Grant Outcomes) *Note: The Work Plan format and description are specified in the grant agreement, Section 2.0 - Grantee Duties.*
- ___ **Budget Expenditure Spreadsheet – Appendix E** (Excel format) *Note: The Budget Expenditure Spreadsheet is an accounting of the grantee’s proposed grant expenditures. The Spreadsheet format is specified in the grant agreement.*
- ___ ***Conflict of Interest Disclosure Form – Appendix G** (Page 1 only)
- ___ **Other** (e.g. Activity Log and/or as specified in the grant agreement)

Documentation to be submitted after grant funds have been expended:

- ___ **Reimbursement Payment Request Form – Appendix C**
- ___ **Budget Expenditure Spreadsheet – Appendix E** (Excel format) *Note: The Budget Expenditure Spreadsheet (BER) is a detailed list of the grantee’s actual grant expenditures (invoices, receipts etc.). A sample BER is provided as an attachment in the grant agreement.*
- ___ **Supporting Documentation** *Note: Examples of supporting documentation includes receipts, invoices, travel logs, payroll records and proof of payment.*
- ___ **Travel and Meal Log(s) – Appendix F** (as applicable)
- ___ **Contract & Bidding Log Sheet – Appendix I** (as applicable)
- ___ **Gift Certificate Log– Appendix J** (as applicable)

Documentation to be submitted only at the end of the grant period:

- ___ **Final Report** (narrative describing the Grant Outcomes) *Note: The final report format and description are specified in the grant agreement Section 2.0 – grantee Duties.*
- ___ **Organization Compliance Report – Appendix H** *Note: A statement by the grantee certifying the grant funds were expended according to State specifications.*

*The **Conflict of Interest Disclosure Form – Appendix G** (Page 1 only) must also be submitted to the MDVA Grants Specialist whenever a *perceived, potential or actual* Conflict of Interest situation arises anytime throughout the grant period.

APPENDIX C

Reimbursement Payment Request Form

Grantee:	Program Name:	SWIFT P.O. Number: <small>(Ref: Executed grant agreement)</small>
Payment Number <i>(e.g. #1, #2 or Q1, Q2)</i> _____ Invoice date range: From: <i>(earliest date):</i> ____/____/____ To: <i>(latest date):</i> ____/____/____ Amount of Request \$ _____ Final Payment: __Y/ __N Grant Closeout: __Y/ __N	<input type="checkbox"/> I certify that I am authorized to report these grant expenditures, and that all services rendered, materials purchased, and expenditures are accurate and are as reported. Copies of these supporting documents are attached as required by the MDVA Grants Manual (Ref. Section IV.) and the grantee grant agreement. <i>Note: All original supporting documentation (e.g. receipts, invoices, proof of payment, and signed payroll records) will be retained by the grantee as required by the MDVA Grants Manual (Ref. Section V.)</i> _____ Signature Date _____ Print Name, Title Daytime Phone Number: _____ e-Mail: _____	
Remarks:		

For MDVA Use Only

I have reviewed the evidence provided by the grantee for the goods, materials and/or services presented and they satisfy State requirements for reimbursement under the pass through agreement.	
Reimbursement approved for: \$ _____ By: _____ Title: _____ Date: _____ 2nd Review (if required) By: _____ Title: _____ Date: _____	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>

Please keep original supporting documentation (invoices etc.), along with a copy of this completed form. Records must be retained for six (6) fiscal years from the end of the agreement.

APPENDIX D

Advanced Payment Grant Expenditure Report Form

Grantee:	Program Name:	SWIFT P.O. Number: <small>(Ref: Executed grant agreement)</small>
Advanced Payment Type ___ One Payment <i>(beginning of grant year)</i> ___ Multiple Payments Invoice date range: From: <i>(earliest date):</i> ____/____/____ To: <i>(latest date):</i> ____/____/____ Advanced Amount \$ _____ Grant Closeout: ___Y/ ___N	<input type="checkbox"/> I certify that I am authorized to report these grant expenditures, and that all services rendered, materials purchased, and expenditures are accurate and are as reported. Copies of these supporting documents are attached as required by the MDVA Grants Manual (Ref. Section IV.) and the grantee grant agreement. <i>Note: All original supporting documentation (e.g. receipts, invoices, proof of payment, and signed payroll records) will be retained by the grantee as required by the MDVA Grants Manual (Ref. Section V.)</i> _____ Signature Date _____ Print Name, Title Daytime Phone Number: _____ e-Mail: _____	
Remarks:		

For MDVA Use Only

I have reviewed the evidence provided by the grantee for the goods, materials and/or services presented and they satisfy State requirements for this agreement.	
Report approved for: \$ _____	Payment Authorized
By: _____	
Title: _____	
Date: _____	
2nd Review <i>(if required)</i>	
By: _____	
Title: _____	
Date: _____	

Please keep original supporting documentation (invoices etc.), along with a copy of this completed form. Records must be retained for six (6) fiscal years from the end of the agreement.

APPENDIX E

Budget Expenditure Spreadsheet EXAMPLE

Note: Budget Expenditure reporting formats (e.g. monthly, quarterly etc.) may differ from grantee to grantee in order to accommodate different types of grants. For more information, please refer to the grantee grant agreement or MDVA Authorized Representative.

	A	B	C	D	E
1	Table I - Original proposed Budget				
	BUDGET CLASS	Budget Category (e.g. Advertising, Travel, Computer Equipment etc.)	Budget Amount (Original)	Budget Category Sub-Total	
2					
3	ADMINISTRATION/ INDIRECT	Accountant	\$ 5,000.00	\$ 12,500.00	
4		Legal	\$ 7,500.00		
5	OPERATIONS	Travel	\$ 7,000.00	\$ 13,750.00	
6		Equipment	\$ 3,000.00		
7		Computer Software	\$ 750.00		
8		Advertising	\$ 3,000.00		
9					
10	SUPPORT SERVICES	Veteran Gift Cards & Services	\$ 1,500.00	\$ 1,500.00	
11	Column Total		\$ 27,750.00	\$ 27,750.00	

Table II - Budget Expenditures Spreadsheet (Quarterly) SAMPLE												
BUDGET CLASS	Budget Category (e.g. Publicity, Travel, Equip. etc.)	Budget Item (e.g. Star Tribune, Apple Store, Office Max.)	Pag e #	Total Expenditures (e.g. Receipts)	Pag e #	Total Expenditures (e.g. Receipts)	Pag e #	Total Expenditures (e.g. Receipts)	Pag e #	Total Expenditures (e.g. Receipts)	TOTAL EXPENDITURES by Budget Category (to Date)	
			<i>Enter each individual invoice/receipt amount separately. Adding rows as needed and adjust the Excel formulas.</i>									
			Q1		Q2		Q3		Q4			
ADMINISTRATION/ INDIRECT	Accountant Contract	Accountant Contract					5-15	\$ 3,000.00			\$ 11,434.80	
		Legal Contract	5-12	\$ 4,213.02	3-6	\$ 4,221.78						
OPERATIONS	Advertising	Star Tribune	18-19	\$ 543.00	13-17	\$ 4,016.25					\$ 12,615.60	
	-	Pioneer Press			7-10	\$ 1,080.00						
	Equipment	Apple Store (desktop computer)			10-15	\$ 1,294.00						
	Travel	(See Travel Log for individual expenditures)						\$ 4,982.36				
	Computer Software	Best Buy			16-22	\$ 699.99						
SUPPORT SERVICES	Veteran Services & Events	Yellow Taxi (Medical Appointment)			23-27	\$ 100.00					\$ 1,189.00	
		Budget Hotel - Homeless Veteran Lodging (2 nights)			28-33	\$ 386.68						
		Veteran Booth at County Fair			34-40	\$ 702.32						
Column Total		Column Total		\$ 4,756.02		\$ 12,501.02		\$ 7,982.36		\$ -	\$ 25,239.40	

APPENDIX F

Travel Expense Worksheet & Example

A B C D E F G H I J K L M N O P Q

Date Range: / / through / /

Worksheet

Note: See Example and Travel

1	Date	Traveler Name	Time		Location (Start/End Zip Codes, Addresses etc.)	Purpose/Outcome Activity Area	Mileage			Parking	Lodging	Meals				Other Transp.	Daily Total
			Start	End			Miles	Rate	Amt			Break-fast	Lunch	Dinner	Meals Total		
2																	
3								0.545		\$0.00							\$0.00
4								0.545		\$0.00							\$0.00
5								0.545		\$0.00							\$0.00
6								0.545		\$0.00							\$0.00
7								0.545		\$0.00							\$0.00
8								0.545		\$0.00							\$0.00
9								0.545		\$0.00							\$0.00
10								0.545		\$0.00							\$0.00
11								0.545		\$0.00							\$0.00
12								0.545		\$0.00							\$0.00
13								0.545		\$0.00							\$0.00
14								0.545		\$0.00							\$0.00
15								0.545		\$0.00							\$0.00
16								0.545		\$0.00							\$0.00
17								0.545		\$0.00							\$0.00
18								0.545		\$0.00							\$0.00
19								0.545		\$0.00							\$0.00
20								0.545		\$0.00							\$0.00
21								0.545		\$0.00							\$0.00
22								0.545		\$0.00							\$0.00
23								0.545		\$0.00							\$0.00
24								0.545		\$0.00							\$0.00
25								0.545		\$0.00							\$0.00
26								0.545		\$0.00							\$0.00
27								0.545		\$0.00							\$0.00

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
	Date	Traveler Name	Time		Location (Start/End)	Purpose/Outcome Activity Area	Mileage			Parking	Lodging	Meals				Other Transp.	Daily Total
			Start	End			Miles	Rate	Amt			Break-fast	Lunch	Dinner	Meals Total		
2																	
3	1/4/2018	Ben Jones	7am	4pm	Saint Cloud to Saint Paul, MN	Cmdr Task Force	161	0.545	\$87.75						\$0.00		\$87.75
4	8/17/2018	Sylvia White	7am		Saint Paul to Duluth, MN	Conference	311	0.545	\$169.50	\$26.00	\$147.70		\$10.58	\$14.88	\$25.46		\$368.66
5	8/18/2018	Sylvia White	6am	6pm	Duluth to Saint Paul, MN	Conference		0.545	\$0.00			\$8.58	\$11.00		\$19.58		\$19.58
6	8/15/2018	Ben Jones			Conference (Deposit)	CEU		0.545	\$0.00						\$0.00	\$146.52	\$146.52
7	8/15/2018	Ben Jones			Conference (Airfare)	CEU		0.545	\$0.00						\$0.00	\$338.20	\$338.20
8	8/15/2018	Ben Jones			Conference (Trav Insur.)	CEU		0.545	\$0.00						\$0.00	\$37.70	\$37.70
9	10/30/2018	Ben Jones			Conference (Lodging - 7 nights)	CEU	26	0.545	\$14.17		\$433.35				\$0.00		\$447.52
10	10/30/2018	Ben Jones			Conference (Baggage)	CEU		0.545	\$0.00						\$0.00	\$50.00	\$50.00
11	Totals						498		271.41	\$ 26.00	\$ 581.05	\$ 8.58	\$ 21.58	\$ 14.88	\$ 45.04	\$ 572.42	\$ 1,495.92

APPENDIX G



Conflict of Interest Disclosure Form

This form will be submitted to the MDVA Grants Specialist in the event that an actual, potential or perceived conflict of interest situation arises during a grant process. It is the grantee's obligation to be familiar with the Office of Grants Management (OGM) Policy 08-01, Conflict of Interest Policy for State Grant-Making and to disclose any conflicts of interest accordingly.

If the grantee believes that any actual, potential, or perceived conflicts of interest exists, the grantee must identify that an actual, potential, or perceived conflict exists, but is not required to explain the reason for the conflict of interest on this disclosure form as this form is considered public data under Minn. Statute 13.599-Grants. It is important, whenever possible, that appropriate steps be taken to avoid any actual, potential, or perceived conflicts of interest. The grantee may be asked to discuss the conflict of interest with appropriate agency or grant program personnel. Please read the definition of conflict of interest below and mark the appropriate boxes that pertain to you and your status.

Description of actual, potential, and perceived conflicts of interest:

Actual conflict of interest: An actual conflict of interest will be deemed to exist when a review of the situation by the grantee or other agency personnel determines that a decision or action by the grantee would compromise a duty to another party.

Potential Conflict of Interest: A potential conflict of interest may exist if a grantee has a relationship, affiliation, or other interest that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests.

Perceived Conflict of Interest: A perceived conflict of interest is any situation in which a reasonable third party would conclude that conflicting duties or loyalties exist.

As a grantee, I certify that I have read and understand the description of conflict of interests explained above and in OGM Policy 08-01 and (check one of the boxes below):

I do not have any conflicts of interest.

or

I have an ACTUAL, POTENTIAL, or PERCEIVED conflict of interest.

If at any time during the grant I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency or grant program personnel.

Organization/County Name: _____

Grantee's Signature: _____

Grantee's Printed Name: _____

Date: _____

This section is completed by appropriate MDVA personnel (Grant Program Manager and/or Grant Program Authorized Representative only when an Actual, Potential or Perceived Conflict of Interest situation is reported by the Grantee):

I certify that the issue of Conflicts of Interest has been discussed with this Grantee and the following actions have been taken:

- Grantee has disclosed no conflict(s).
- Grantee has disclosed an actual, potential, or perceived conflict(s) and after additional discussion and investigation by agency or grant program personnel it was determined that a conflict of interest exists.
- Grantee has disclosed a potential or perceived conflict(s) but after additional discussion and investigation by agency or grant program personnel it was determined that no conflict of interest exists.

Additional Details or Comments from agency or grant program personnel:

Grantee's Signature: _____

Grantee's Printed Name: _____

Date: _____

State Authorized Representative Signature: _____

Date: _____



Appendix H

Organization Compliance Report

(Submitted by grantee at the end of the grant period)

I certify that the grant expenditure documentation provided by: _____, (Organization Name) for the Minnesota Department of Veterans Affairs (MDVA) grant, \$ _____, (original Grant \$ amount), SWIFT P.O. # _____ (Ref: executed grant agreement) is accurate and was expended solely for products and services as reported and approved by MDVA.

As verification of the proper expenditure of these funds, I have provided grant expenditure documentation as required by the MDVA grant agreement for a total amount of \$ _____.

All original grant documentation (e.g. invoices, receipts and proof of payment documentation) must be retained on-file by the grantee for no less than six years for audit purposes.

Advanced Payment Grants

Organizations awarded **Advanced Payment Grants** must refund unexpended grant funds greater than \$25.00.

Note: Submit grant refund to the State after the final grant closeout documentation (Ref: Section VI. – Final Grant Closeout Requirements) has been reviewed and the refund amount has been verified by the MDVA Grants Specialist.

\$ _____ (Amount), _____ (Warrant/Check #), _____ (Warrant/Check Date)

Organizations awarded **Advanced Payment Grants** must refund unexpended grant funds greater than \$25.00 prior to MDVA certification of the Organization Grant Compliance Report.

Refunds are made payable to: Minnesota Department of Veterans Affairs.

Signature of grantee Authorized Representative

Date

Print Name

Business Phone #

MDVA Grant Compliance Certification

MDVA Authorized Representative

Date

Print Name

Title

Appendix I

Contract & Bidding Log Sheet



MINNESOTA DEPARTMENT OF VETERANS AFFAIRS - Contracting & Bidding Log Sheet Please refer to the Grantee MDVA Grant Agreement (Ref: Section 4.3 Contracting and Bidding Requirements) for a complete list of the State's Contract & Bidding requirements.

- Any services and/or materials that are expected to cost \$100,000 or more must undergo a formal notice and bidding process.
- Services and/or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
- Services and/or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.
- Any services and/or materials that are expected to cost between \$5,000 and \$9,999 must be competitively based on a minimum of three (3) verbal quotes.
- The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible.
- The grantee must not contract with vendors who are suspended or debarred in MN: <http://www.mmd.admin.state.mn.us/debarredreport.asp>

Grantee Name: _____ Date: _____ Grant Project Name: _____ Grant Year(s): _____

Grantee Authorized Representative _____ Phone Number: _____

Verbal/Written Quotes - Please retain all bidding notice and supporting bid documentation for written bids \$10,000 and above in the Grant File.

Date	Product or Service (identify as Budget Item on the Budget Expenditure Report)	Business Name	Business Address	Phone #	Business Representative Name	Quoted \$ Amount

