

# Minnesota Department of Veterans Affairs (MDVA)



## GRANTS MANUAL

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## II. INTRODUCTION

The Finance Division within the Minnesota Department of Veteran Affairs (MDVA) provides grant management services related to grant programs. Grant 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. Grant 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.**

## III. STATE ACCOUNTING SYSTEM (SWIFT) REQUIREMENTS - NEW GRANTEES

MDVA processes grant payments (Reimbursement and Advanced Payments) through a system managed by Minnesota Management and Budget (MMB). The State's preferred method of payment is an electronic funds transfer (EFT) directly into the grantee's designated bank account. Payments with electronic transfer 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.

Before grant payments may be requested, grantees must obtain a Vendor ID to access the SWIFT e-Supplier portal to view payment information:

- Go to <http://mn.gov/supplier>
- Select “Register for an Account”
- Select Register as a “Supplier”
- Follow the prompted steps to complete & Upload W-9
- Confirmation number they receive at the end is the Supplier ID

Other Supplier Resources <https://mn.gov/mmb/accounting/swift/vendor-resources/>

Questions regarding this process can be sent to [efthelpline.mmb@state.mn.us](mailto:efthelpline.mmb@state.mn.us).

#### **IV. NEW GRANTS – GETTING STARTED**

##### **STEP ONE – Introduction to MDVA Grant Management (New Grantees Only)**

Prior to entering into a Grant Agreement, the MDVA State Authorized Representative will provide new grantees with an overview of MDVA’s Grant Program including a review of the MDVA Grant Manual, Grant Agreement, forms, excel spreadsheets and other online resources accessible from the MDVA Website – Grant Page <https://mn.gov/mdva/resources/federalresources/grants/>.

##### **STEP TWO – Grant Agreement - (All Grantees)**

Before a Grant Agreement is written, the MDVA State Authorized Representative will work with the Grantee to define the grant “deliverables”. Once defined, the Grantee will provide the MDVA State Authorized Representative a grant project budget (Budget Expenditure Report – Appendix E Table I), a Work Plan (written narrative describing grant deliverables) and in some cases an Activity Log – Appendix L.

Grantees are encouraged to refer to the Documentation Checklist (Appendix A/B) for a comprehensive list of grantee requirements at the beginning of, and throughout the grant period.

##### **STEP THREE – Grant Agreement is Executed - (All Grantees)**

Once the terms of the grant have been defined and the grantee has submitted the required documents, the MDVA State Authorized Representative will draft the Grant Agreement. The Grant Agreement will be distributed for review and approval by MDVA as well as by the grantee. The Grant Agreement is executed when the signature block titled “with delegated authority” has been signed and dated or as specified in Section 1.0 Term of the (Grantee’s) Grant Agreement as permitted by Minnesota Statutes §16B.98, Subdivision 11.

##### **STEP FOUR – Grant Payment - (All Grantees)**

Most Grants are reimbursement based and are therefore not paid until after the grant project has begun and grant expenditures have been incurred. However, grants with advanced payment terms usually receive the full grant amount after the Grant Agreement has been executed and later document the grant expenditures at grant close out.

## V. **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. In general, advanced payment terms are usually reserved for Grantees legislatively-named in statute to receive an annual grant.

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 Payments**

When a grant agreement is reimbursement-based, grantees must pay for program expenses prior to seeking grant payment 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.)

### A. **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 (Table II) Sample**  
The Budget Expenditure Spreadsheet is an itemized accounting of grantee expenditures (i.e. vendors, amounts documented on the submitted invoices/receipts). In most cases, expenditures are limited to the dollar amounts authorized in the original, MDVA approved budget (Appendix E (Table I) without prior written approval.
- **Travel Log – (Appendix F as applicable)**
- **Activity Log (Appendix L as applicable)**
- **Other Logs (Appendix G, I, J, K as applicable)**

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

Unless stated otherwise in the Grant Agreement, Reimbursement Payment Requests must include grant expense \*supporting documentation (e.g. invoices, travel logs, receipts, service contracts and payroll records) to validate the expenditures reported on the Budget Expenditure Spreadsheet (referenced above).

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.

\*All MDVA forms and excel spreadsheets may be downloaded from the MDVA Website – Grant Page.

Note- Credit card statements are not an allowable substitute for invoices, receipts etc.

While it is the expectation of the State that 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.), grantees are required to correct and resubmit the documents referenced above (Budget Expenditure Spreadsheet, Travel Log, Organization Compliance Report etc.) when notified by the State in a timely fashion in order to accurately reflect State approved expenditures.)

## **B. Advanced Payment**

In general, grantees with an Advanced Payment terms will receive grant payment at the beginning of the grant period, shortly after the Grant Agreement is executed. 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) and submit to the State’s Authorized Representative at grant close out or as specified in the Grant Agreement.

### **1. Multiple Payments**

Occasionally, grantees will have a provision in their grant agreement allowing for two, partial 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.

### **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.

- **\*Budget Expenditure Spreadsheet – Appendix E (Table II) Sample**

The Budget Expenditure Spreadsheet is an itemized accounting of grantee expenditures (i.e. vendors, amounts documented on the submitted invoices/receipts). In most cases, expenditures are limited to the dollar amounts authorized in the original, MDVA approved budget (Appendix E (Table I) without prior written approval.

- **Travel Log – (Appendix F as applicable)**

- **Other Logs (Appendix G, I, J, K & L as applicable)**

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

Unless stated otherwise in the Grant Agreement, Reimbursement Payment Requests must include grant expense \*supporting documentation (e.g. invoices, travel logs, receipts, service contracts and payroll records) to validate the expenditures reported on the Budget Expenditure Spreadsheet (referenced above).

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.

\*All MDVA forms and excel spreadsheets may be downloaded from the MDVA Website – Grant Page.

Note - Credit card statements are not an allowable substitute for invoices, receipts etc.

### **C. Errors**

While it is the expectation of the State that Payment Request 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 grantees are notified by the State Authorized Representative that the grant expenditure documentation submitted by the grantee contains errors (e.g. missing forms, math errors, expenses disallowed etc.), 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.)

## **VI. 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 payment as specified in the Grant Agreement.

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

- Budget category (as shown on the Grantee's original Budget Expenditure Report) 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.

## VII. **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, payment requests including 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**

With the exception of cash purchases, the State may require to see evidence that grantee invoices and charges have been paid. 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 report (e.g. QuickBooks ) 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.**

## **VIII. PROGRESS REPORT AND FINAL GRANT CLOSEOUT REQUIREMENTS**

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. Therefore, Grantees with grant periods of greater than 12 month are required to submit a Progress Report within 12 months of the grant Start Date and every 12 months thereafter or until grant close out, whichever comes first.

In general, MDVA’S Grant Progress Report/Final Report 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)

In addition to Progress Reports for grants with grant periods exceeding 12 months, all Grantees are required to submit a Final Report at grant closeout. The Final Report is submitted along with the final payment request (or grant expenditure report for Advanced Payment grants) no later than 20 business days following the grant agreement Expiration Date, 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.

In general, it is MDVA’S policy to retain a minimum of 10% of the total grant award amounts until the Final Report and other required grant close out documentation has been received and discrepancies have been resolved to the satisfaction of the Authorized State Representative.

### **A. Progress Report and Final Report Formats**

Progress and Final Report specifications are unique to each Grantee are specified in Section 2.0 Grantee Duties of the Grant Agreement. However in general, reports are a narrative of the grant project that provides metrics, background and context describing how the grant funds were expended, Veteran “testimonial stories” and photographs. Progress Report and Final Report templates are available on the MDVA Website – Grant Page. For more information, refer to the State’s Authorized Representative.

### **B. Grant Compliance Report (Appendix H)**

The Grant Compliance Report is submitted by the Grantee to MDVA at grant closeout. 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.

## **IX. 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 <https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/commissioners-plan-accessible.pdf> (Search for (Control F): 15 – Expense Reimbursement pp. 64)

**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.**

## **X. GRANTEE ERRORS AND/OR MISSING SUPPORTING DOCUMENTATION**

### **A. Disallowed Expenses**

In the event that the MDVA Grant Specialist or the State's 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).

## **XI. MDVA GRANT PAYMENT LEADTIME**

In general, grantees may expect to be paid within 30 days from submission of a Reimbursement Payment Request (RPR) by the grantee. In situations where the payment request documentation 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.

## **XII. CONTACT INFORMATION**

Liz Kelly

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## **Appendix A - Documentation Checklist (Reimbursement Grant)**

The checklist contains a summary of the documentation submitted to the State throughout the grant period.

### **Documentation to be submitted to MDVA before grant agreement may be written and executed:**

\_\_\_\_\_ \***Work Plan** (narrative describing the proposed Grant Outcomes)

\_\_\_\_\_ \***Budget Expenditure Report (Table I) – Appendix E**

*Note: The Budget Expenditure Report (BER) is an accounting of the grantee's proposed grant expenditures by Budget Category (e.g. Travel, Equipment).*

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

\_\_\_\_\_ \* **Other** (e.g. Activity Log and/or as applicable)

**Note: The grant project may only begin after Grant Agreement has been executed.**

### **Documentation to be submitted after grant funds have been expended:**

\_\_\_\_\_ \***Reimbursement Payment Request Form – Appendix C**

\_\_\_\_\_ \***Budget Expenditure Spreadsheet– Appendix E (Table II)** *The Budget Expenditure Spreadsheet (BES) is a detailed list of the grantee's actual grant dollar expenditures (invoices, receipts etc.) within the original MDVA approved Budget categories.*

\_\_\_\_\_ \***Activity Log – Appendix K** *or as specified in the grant agreement*

\_\_\_\_\_ **Supporting Documentation** (e.g. receipts, invoices, travel logs, payroll) *or as specified in the Grant Agreement*

\_\_\_\_\_ \***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 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.*

\* Forms and spreadsheets available on the MDVA Website – Grant Page  
<https://mn.gov/mdva/resources/federalresources/grants/>.

\*\*The **Conflict of Interest Disclosure Form – Appendix G** (Page 1 only) must also be submitted to the MDVA Authorized Representative at any time a *perceived, potential or actual* Conflict of Interest situation arises.

## **Appendix B - Documentation Checklist (Advanced Payment Grant)**

The checklist contains a summary of the documentation submitted to the State throughout the grant period.

### **Documentation to be submitted to MDVA before grant agreement may be written and executed:**

\_\_\_\_\_ \***Work Plan** (narrative describing the proposed Grant Outcomes)

\_\_\_\_\_ \***Budget Expenditure Report (Table I) – Appendix E**

*Note: The Budget Expenditure Report (BER) is an accounting of the grantee's proposed grant expenditures by Budget Category (e.g. Travel, Equipment).*

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

\_\_\_\_\_ \* **Other** (e.g. Activity Log and/or as applicable)

**Note: The grant project may only begin after Grant Agreement has been executed.**

### **Documentation to be submitted after grant funds have been expended:**

\_\_\_\_\_ \***Advanced Payment Grant Expenditure Report Form – Appendix D**

\_\_\_\_\_ \***Budget Expenditure Spreadsheet– Appendix E (Table II)** *The Budget Expenditure Spreadsheet (BES) is a detailed list of the grantee's actual grant dollar expenditures (invoices, receipts etc.) within the original MDVA approved Budget categories.*

\_\_\_\_\_ \***Activity Log – Appendix K** *or as specified in the grant agreement*

\_\_\_\_\_ **Supporting Documentation** (e.g. receipts, invoices, travel logs, payroll) *or as specified in the Grant Agreement*

\_\_\_\_\_ \***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 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.*

\* Forms and spreadsheets available on the MDVA Website – Grant Page <https://mn.gov/mdva/resources/federalresources/grants/>.

\*\*The **Conflict of Interest Disclosure Form – Appendix G** (Page 1 only) must also be submitted to the MDVA Authorized Representative at any time a *perceived, potential* or *actual* Conflict of Interest situation arises.

### Appendix C - Reimbursement Payment Request Form

<b>Grantee:</b>	<b>Program Name:</b>	<b>SWIFT P.O. Number:</b> <small>(Ref: Executed grant agreement)</small>
<b>Payment Number</b> <i>(e.g. #1, #2 or Q1, Q2)</i> _____ <b>Invoice date range:</b> From: <i>(earliest date):</i> ____/____/____ To: <i>(latest date):</i> ____/____/____ Amount of Request \$ _____ Final Payment: __Y/ __N Grant Close out: __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>	
Remarks:	_____ Signature <span style="float: right;">_____</span> Date _____ Print Name, Title _____ Daytime Phone Number: _____ e-Mail: _____	

#### **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: _____ <b>2nd Review (if required)</b> By: _____ Title: _____ Date: _____	<div style="border: 1px solid black; padding: 10px; min-height: 200px;">           Payment Authorized         </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**

<b>Grantee:</b>	<b>Program Name:</b>	<b>SWIFT P.O. Number:</b> <small>(Ref: Executed grant agreement)</small>
<p><b>Advanced Payment Type</b>                  ___ One Payment <i>(beginning of grant year)</i>                  ___ Multiple Payments</p> <p><b>Invoice date range:</b>                  From: <i>(earliest date):</i>                  ____/____/____                  To: <i>(latest date):</i>                  ____/____/____</p> <p>Advanced Amount                  \$ _____</p> <p>Grant Close out: ___Y/ ___N</p>	<p><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.</p> <p><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></p> <p>_____                  Signature <span style="float:right">_____</span>                  Date</p> <p>_____                  Print Name, Title</p> <p>Daytime Phone Number: _____</p> <p>e-Mail: _____</p>	
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: \$ _____  By: _____ Title: _____ Date: _____	<div style="border: 1px solid black; height: 150px; width: 100%; display: flex; align-items: center; justify-content: center;">                 Payment Authorized             </div>
<p><b>2nd Review</b> <i>(if required)</i>                  By: _____                  Title: _____                  Date: _____</p>	

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 Report (BER) / Budget Expenditure Spreadsheet (BES) Examples

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.

**Table I - Budget Expenditure Report BER** (provided at the beginning of the grant period)

	A	B	C	D	E
1	<b>Table I - Original proposed Budget</b>				
2	BUDGET CLASS	Budget Category (e.g. Advertising, Travel, Computer Equipment etc.)	Budget Amount (Original)		Budget Category Sub-Total
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 Expenditure Spreadsheet BES** (detail listing of expenditures submitted with every Payment Request and at grant close out)

<b>Table II - Budget Expenditures Spreadsheet (Quarterly) SAMPLE</b>												
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 Worksheet (inc. Plan Details)

1	Date	Traveler Name	Time (when meals... ref: Plan Details Tab Below)		Location (Start/ End Zip Codes, Address es etc.)	Travel Purpose/ Outcome Activity Area	Mileage			Parking	Other Travel Expenses (airfare, taxi etc.) List on separate lines when necessary.	Lodging	Meals - \$36 max per day unless travel in major metropolitan area as specified in the Commissioner's Plan (Ref: Plan Details Tab Below)				Daily Total		
			Start	End			Miles	Rate	Amt				Break- fast (\$9)	Lunch (\$11)	Dinner (\$16)	Meals Total			
2																			
3								0.575		\$0.00								\$0.00	\$0.00
4								0.575		\$0.00								\$0.00	\$0.00
5								0.575		\$0.00								\$0.00	\$0.00
6								0.575		\$0.00								\$0.00	\$0.00
7								0.575		\$0.00								\$0.00	\$0.00
8								0.575		\$0.00								\$0.00	\$0.00
9								0.575		\$0.00								\$0.00	\$0.00
10								0.575		\$0.00								\$0.00	\$0.00
11								0.575		\$0.00								\$0.00	\$0.00
12								0.575		\$0.00								\$0.00	\$0.00
13								0.575		\$0.00								\$0.00	\$0.00
14								0.575		\$0.00								\$0.00	\$0.00
15								0.575		\$0.00								\$0.00	\$0.00
16								0.575		\$0.00								\$0.00	\$0.00
17								0.575		\$0.00								\$0.00	\$0.00
18								0.575		\$0.00								\$0.00	\$0.00
19								0.575		\$0.00								\$0.00	\$0.00
20								0.575		\$0.00								\$0.00	\$0.00
21								0.575		\$0.00								\$0.00	\$0.00
22								0.575		\$0.00								\$0.00	\$0.00
23								0.575		\$0.00								\$0.00	\$0.00
24								0.575		\$0.00								\$0.00	\$0.00
25								0.575		\$0.00								\$0.00	\$0.00
26	Totals							0		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27																			
28																			
29																			
30																			
31																			
32																			

Minnesota State Commissioners Plan

<http://www.mmb.state.mn.us/doc/comp/contract/CommissionersPlan.pdf>

1. Privately-owned vehicle mileage may be reimbursed at no higher than the federal IRS rate.
2. **Parking fees at the destination location may be reimbursed. Parking receipts must be attached, unless parking at a meter.**
3. **Lodging that is reasonable and consistent with the facilities available. Receipts must be attached.**
4. Meals including tax and reasonable gratuity may be reimbursed (no receipts required) under the following conditions:
5. \*Breakfast - \$9.00 may be claimed if the traveler starts travel before 6:00 am or is away from home overnight.
6. \*Lunch - \$11.00 may be claimed if the traveler is in travel status overnight the same day.
7. \*Dinner - \$16.00 may be claimed if travel ends after 7:00 pm or the traveler is away from home overnight.

\*In order to claim Breakfast and Dinner, grantees must indicate times on the Travel Log on the 1st/last day of travel to verify that they began the trip before 6am for Breakfast and/or returned home after 7pm for Dinner.

**Note 1:** Meal receipts are not required to be submitted with grantee payment supporting documentation.  
**Note 2:** The IRS Mileage Reimbursement Rate changed from .58 cents to .575 cents per mile as of January 1, 2020.

## Travel Expense Worksheet - Example

1	A	B	C		D	E	F	G			H	I	J	K	L				M	N	O	P	Q
	Date	Traveler Name	Start	End	Location (Start/ End)	Purpose/ Outcome Activity Area	Miles	Rate	Amt	Parking	Lodging	Break-fast	Lunch	Dinner	Meals Total	Other Transp.	Daily Total						
2																							
3	1/4/2020	Ben Jones	7am	4pm	Saint Cloud to Saint Paul, MN	Cmdr Task Force	161	0.545	\$87.75													\$0.00	\$87.75
4	8/17/2020	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	8/18/2020	Sylvia White	6am	6pm	Duluth to Saint Paul, MN	Conference		0.545	\$0.00			\$8.58	\$11.00		\$19.58								\$19.58
6	8/15/2020	Ben Jones			Conference (Deposit)	CEU		0.545	\$0.00							\$0.00						\$146.52	\$146.52
7	8/15/2020	Ben Jones			Conference (Airfare)	CEU		0.545	\$0.00							\$0.00						\$338.20	\$338.20
8	8/15/2020	Ben Jones			Conference (Trav Insur.)	CEU		0.545	\$0.00							\$0.00						\$37.70	\$37.70
9	10/30/2020	Ben Jones			Conference (Lodging - 7 nights)	CEU	26	0.545	\$14.17		\$433.35					\$0.00							\$447.52
10	10/30/2020	Ben Jones			Conference (Baggage)	CEU		0.545	\$0.00							\$0.00						\$50.00	\$50.00
11	<b>Totals</b>						<b>498</b>		<b>271.41</b>	<b>\$ 26.00</b>	<b>\$ 581.05</b>	<b>\$ 8.58</b>	<b>\$ 21.58</b>	<b>\$ 14.88</b>	<b>\$ 45.04</b>	<b>\$ 572.42</b>	<b>\$ 1,495.92</b>						

## Appendix G - Conflict of Interest Disclosure Form



### 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 shall 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: \_\_\_\_\_

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For MDVA Reference Only (not submitted to MDVA by grantee)

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: \_\_\_\_\_

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**Appendix H – Organization Compliance Report**

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  
Authorized Representative.*

\$ \_\_\_\_\_ (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

\_\_\_\_\_  
MDVA Grants Specialist  
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



## Appendix K - Grantee Vendor - Single/Sole Source Justification Form



### Appendix K

#### Grantee Vendor - Single/Sole Source Justification Form

State Agency: <b>MDVA</b>	Division/Department:
Grantee:	Grant Period:
SWIFT Grant Contract Number: (To be completed after grant is awarded)	Grant Amount:

1. State the Purpose of the Grant:

2. Summarize the work the Grantee is expected to perform

3. Summarize the work the Vendor is expected to perform and provide a justification for categorizing the Vendor as Single/Sole Source:

*(Reference the vendor's geographic location, specialized knowledge and/or relationships, specialized equipment, and all other factors that contribute to the decision to categorize the vendor as single/sole source. A single/sole source vendor may not be based solely on grantee convenience and/or prior relationship.)*

#### Grantee Vendor - Single/Sole Source Justification Form (MDVA Staff Only)

State Agency: <b>MDVA</b>	Division/Department:
Grantee:	Grant Period:
Vendor:	Budgeted Line Item Amount:
SWIFT Grant Contract Number: (To be completed after grant is awarded)	Grant Amount:

**SPECIAL CIRCUMSTANCES RELEVANT TO THIS GRANT. (check all that apply).**

- Geographic location
- Specialized knowledge/Subject matter expert/Community relationships
- Specialized Equipment Required
- Funder Designated Sub-Recipient
- Other \_\_\_\_\_ (see full description in item 3 of this form)

**I certify that:**

- 1) I recognize that state policy best practices recommends Grantees use a competitive process to select vendors unless only one entity is reasonably able to meet the grantee vendor's intended purpose and objectives;
- 2) The grantee vendor budgeted amount is fair, reasonable, and provides the best value to the State of Minnesota; and
- 3) The grantee's single/sole source vendor justification is not the result of inadequate advance planning or for purposes of securing the services of a preferred provider.

Grant Manager's Signature:	Date:
Division Director's (or Designee's) Signature:	Date:
Financial Management Signature:	Date:

## Appendix L - Activity Log Sheet (example)

	A	B	C	D	E	F	G	H	I	J	K	L
1	<b>ORGANIZATION NAME HERE</b> MDVA GRANT Support Our Troops Activity Log					Date						
	Prepared by: <b>ORGANIZATION REPRESENTATIVE</b>											
2	MDVA RPR #	Veteran	DD214 on file (verified meets MN statute)	Total ( Veteran & Family members)	Event Veteran (& family) Subtotal	Branch of the Military & Years served	MDVA	Event	Location	Date	Hours of event	Discription
3	1	AA-0986- Camp	Yes	8		2011-2012- Army	1	Family Camp		10/12/18-10/14/18	2 days	First free family camp weekend
4		KS-0317- Camp	Yes	5		2007-2015 Army	1	Potluck Night		10/29/2018	3 hours (5-8pm)	Dinner and resource night
5		PG-6472- Camp	Yes	8		2009-2010 Army	1	Veterans Day Activies		11/11/2018	2 Hours	Free classes and food
6		TH-1296- Camp	Yes	4		1998-2001 Air Force	1	Veterans Networking Lunch		12/18/2019	2 Hours	Lunch networking session
7		VC-5306- Camp	Yes	4		2008-2007 Army						
8		MC-6360- Camp	Yes	4		2009-2010 Army		Reimbursement Rate of	\$149.00 – per Veteran (and family members served)		44 total in 1 st Quarter	
9		AS-3144- Camp	Yes	5		2003-2005 Army		Veteran ID Legend	First and Last Initial / Last 4 of SSN / Event Code			
10		KS-3500- Camp	Yes	3		2008-2009 Army						
11		MC-4549- Camp	Yes	3		2006-2007 Army						
12		<b>Sub-Total (# Veterans and family members served)</b>					<b>41</b>					
13	<b>Reimbursement Payment Request Amount (# Vets served x \$149)</b>					<b>\$6,109.00</b>						

## Appendix M – Grantee Progress Report (template)

### Grantee Progress Report (template)

**General Instructions to Grantees:**

Please submit a 2-4 page narrative description addressing the Grant Agreement "deliverables" or progress to date, as it relates to the original grantee Work Plan. Refer to the Grant Agreement - Section 2.0 Grantee Duties for additional instructions (if applicable).

Grantee Letterhead & Logo (Here)

Grantee Name: \_\_\_\_\_

Grantee Address: \_\_\_\_\_

#### Progress Report

Grant Type: \_\_\_\_\_ (e.g. VSO, SOT/competitive, SOT/VSO, Legislative etc.)

Date of Report: \_\_\_\_\_

Prepared by (name/title): \_\_\_\_\_

Original Grant Period: (e.g. 2/1/19 – 1/31/19): \_\_\_\_\_

Amendment # (summarize purpose): \_\_\_\_\_

Purpose of grant: \_\_\_\_\_

Please address the following:

1. Summary of the grant outcomes to date as it relates to the original Budget and Work Plan, (including the number of Veterans directly served as a result of the grant (as reported for grant payment on the Activity Log if applicable)?

### Grantee Progress Report (template)

2. Description of challenges which may have impacted the grant outcomes while administering the grant and any "lessons learned (if applicable).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is the grant Program/Activity on-track to complete on-time by the Grant Agreement Expiration Date? \_\_\_\_ If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the Grantee on-track to spend the entire grant award amount by the Grant Agreement Expiration Date? \_\_\_\_ If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grantee Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix N – Grantee Final Report (template)

### Grantee Final Report (template)

**General Instructions to Grantees:**

Please submit a 2-4 page narrative description summarizing the Grant Agreement "deliverables" or outcomes as it relates to the original grantee Work Plan. Refer to the Grant Agreement - Section 2.0 Grantee Duties for additional instructions (when applicable).

Grantee Letterhead & Logo (Here)

Grantee Name: \_\_\_\_\_

Grantee Address: \_\_\_\_\_

#### Final Report

Grant Type: \_\_\_\_\_ (e.g. VSO, SOT/competitive, SOT/VSO, Legislative etc.)

Date of Report: \_\_\_\_\_ (Report Type - Progress/Final)

Prepared by (name/title): \_\_\_\_\_

Grant Period: (e.g. 2/1/19 – 1/31/19): \_\_\_\_\_

Amendment # \_\_\_\_ (summarize purpose): \_\_\_\_\_

Grant Award Amount: \_\_\_\_\_ Amount Unspent: \_\_\_\_\_

Purpose of grant: \_\_\_\_\_

\_\_\_\_\_

Please address the following:

1. Summary of grant outcomes as it relates to the original Budget and Work Plan (including the number of Veterans directly served as reported for grant payment on the Activity Log (if applicable)?

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MDVA Grant Final Report (template)

Rev. 2 (June 5, 2020)

### Grantee Final Report (template)

2. Description of challenges which may have impacted the grant outcomes while administering the grant and any "lessons learned (if applicable).  
\_\_\_\_\_  
\_\_\_\_\_

3. Did Grantee receive payment for the entire grant award amount? \_\_\_\_ (Y/N) (If not, please explain)  
\_\_\_\_\_  
\_\_\_\_\_

4. Provide 1-2 brief testimonial stories of veterans served (with photos when possible)

5. Additional Comments  
\_\_\_\_\_  
\_\_\_\_\_

Grantee Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

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MDVA Grant Final Report (template)

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