

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, technical support and oversight related to grant programs. MDVA Grant management assists grant recipients with financial compliance and ensures program consistency with appropriation law, state statute, Department of Administration's Office of Grants Management (OGM) grant 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.

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, given the variety and complexity of MDVA grants, this manual will not necessarily specifically 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. To set up the electronic transfer payment process, please contact MMB at 651-201-8106.

Prior to executing a Grant Agreement, 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.

IV. NEW GRANTEES – MDVA GRANT PROGRAM MANAGEMENT OVERVIEW

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

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 BER – Appendix E Table I), a Work Plan (written narrative describing grant deliverables) and in some cases an Activity Log – Appendix L.

Grantees should 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 State's SWIFT Vendor/Supplier I.D. and the other required documents, the MDVA State Authorized Representative will work with the grantee to draft a Grant Agreement. MDVA's Legal department must review and approve all Grant Agreements before a Grant Agreement is circulated for signatures and is executed. Grant Agreements are signed electronically (DocuSign program). The Grant Agreement is not fully executed until the signature block on the signature page of the Grant Agreement 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.

Note: Annual legislatively-named grants (e.g., County Veteran Service Office – CVSO, Veteran Service Organizations – VSO etc.) must execute their Grant Agreement no later than April 30 of each year.

STEP FOUR – Grant Payment - (All Grantees)

Most MDVA grants are reimbursement-based. Therefore, grant payments are made only after the Grantee submits a Reimbursement Payment Request (RPR) which documents the expenses the Grantee has incurred related to performing the grant project or activity.

Occasionally grants, (primarily legislatively named grants) are awarded advanced payment terms. Advanced Payment grants are usually paid in-full after the Grant Agreement has been fully executed. Grant expenditures related to performing the grant project or activity are later reported 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). The date shown on the invoice or receipt is usually the date the expense was "incurred". However, expenses that are for a service (e.g., advertising, copy machine annual contract), the expense is incurred during the date range for which the service was provided (e.g., 7/1 – 7/31/2021).

A. Reimbursement Payments

When a Grant Agreement is reimbursement-based, grantees must pay for Activity/Program expenses prior to seeking grant payment from the State. Eligible expenses are then reimbursed, as outlined the Grantee's Grant Agreement approved budget.

Reimbursement Payment Requests are submitted to a MDVA Grants Specialist or the State's Authorized Representative monthly, or 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) 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, 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 (e.g., grant “live” period).

*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.

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. Minnesota Veteran Definition

Unless stated otherwise in the Grant Agreement, MDVA Grantees awarded grants that provide direct support to Veterans must ensure Veterans meet the Minnesota definition of “Veteran”.

- Candidates must be a veteran, as specified in Minnesota Statute §197.447;
 - For grants with a provision allowing a candidate’s spouse to be eligible for the MDVA grant, the spouse must either have the same last name as the Veteran or, in addition to the Veteran’s DD214, the Grantee must provide proof that spouse is, (or was if the veteran is deceased) married to the Veteran (marriage certificate).
- Candidates receiving direct support services must supply Grantee a copy of the candidate’s DD214, which must be reviewed by Grantee for appropriate discharge status, properly secured pursuant to Clause 10.1 “Government Data Practices,” and retained pursuant to Clause 9 “State Audit;” and
- Candidates must be residents of Minnesota. Proof on Minnesota residency may be documented by submission of one or more of the following documents to the State Authorized Representative:
 - Utility bill displaying the Minnesota residence
 - Rental Lease
 - Mortgage statement
 - Current Driver’s License or Identification Card
 - Statement from landlord/management company
 - Documentation that the participant’s Minnesota residency was in response to an offer of employment
 - An affidavit from a person engaged in public or private social services, legal services, law enforcement, or health services that the affidavit knows the Veteran, has had personal contact with the Veteran, and believes the Veteran is living in the state with the intent of making Minnesota the Veteran’s permanent home.
 - Documentation from the Homeless Veterans Registry (HVR)
 - Documentation from the Homeless Management Information System (HMIS)

Unless stated otherwise in the Grant Agreement, Grantees are required to submit Veteran DD214s and proof of MN residency to the State Authorized Representative for preapproval, prior to receiving grant payment. The Veteran's discharge status is usually tracked and reported by the Grantee with every Reimbursement Payment Request on the Activity Log, Attachment L.

Note: DD214s are submitted by the Grantee for pre-approval to the State Authorized Representative via a secure State website to protect the Veteran's private data. The DD214 must display the entire Social Security Number (unredacted) when printed on the DD214.

D. Participant Medical Insurance

For grant awards greater than \$100,000 unless stated otherwise in the Grant Agreement: If the grant award is to provide healthcare-related services to participants that could be covered by the participant's private insurance, Grantee must maintain sufficient administrative and accounting capacity to ensure clinicians submit claims to any available insurance covering the participant for services provided under this Grant Agreement unless otherwise provided herein. The clinicians working with the Grantee will bill the participants' insurance first. The insurance may assess a copay, coinsurance, deductible, or deny the provided services. After recovering the insurance payment and/or provider remittance advice, the clinician will send an invoice and/or the provider remittance advice to Grantee.

Grantee will determine, based on the invoice and/or provider remittance, the participant's liability and submit a reimbursement payment request to MDVA (if applicable) for: (1) the cost of the participant's co-pay, coinsurance, and/or deductible (if any), and (2) whichever is the lesser of the participant's remaining amount due after insurance reimbursement not to exceed the reimbursement rate identified in the legend of the Activity Log or the amount due of the actual cost for the clinician's services rendered not to exceed the reimbursement rate identified in the legend of the Activity Log.

Participants that the Grantee request payment for will not be responsible for any service associated costs, including co-pays, coinsurance, deductible amounts, and/or any other amount that exceeds the reimbursement rate identified in the legend of the Activity Log. Grantee will be responsible for payment of any service associated costs exceeding MDVA reimbursement or ineligible for MDVA reimbursement.

E. Grantee Payment Request - Discrepancies and Errors

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, for the State Authorized Representative to identify omissions and inaccuracies. When the grant expenditure documentation contains errors (e.g., missing forms, math errors, expenses disallowed by the State etc.), prior to grant payment authorization, 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 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 to determine the date(s) fall within the period eligible for payment (grant “live” period) as specified in the Grant Agreement.

The following information should be annotated 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 (e.g., office equipment, computer software etc.), indicate which budget items are posted to which budget category.
- If the documentation has non-program expenses (e.g., personal items) on it, be sure to line-through the non-grant related expenses.
- For grantees with employee wages included in their approved budget, timesheet must include the pay period worked, (date range of work performed), name of the employee, rate of pay, hours worked, and benefit rate etc.

VII. GRANT MONITORING

In accordance with the Minnesota Office of Grants Management Policy (OGM) [Policy Number 08-10](#), and [Minn. Stat. §16B.98](#), grantees who have received a grant award greater than \$50,000 are subject to Grant Monitoring. In addition to the grant expenditure documentation submitted by the grantee to the State to receive payment, the grantee’s books, records, documents, and accounting procedures and practices that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate, for a minimum of six years from the grant agreement end date, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Grant Monitoring is usually conducted at the grantee’s office location. Grantees will be given adequate notice prior to monitoring.

The MDVA and Grantee may exchange private and confidential information (e.g., social security number, etc.) as necessary to meet the contractual obligations of this Grant Agreement.

Prior to providing services for which reimbursement may be sought under this Grant Agreement, the Grantee must obtain a signed release of information from the participant allowing for the sharing confidential data with the MDVA.

The purpose of Grant Monitoring is to:

- Provide accountability and oversight
- Ensure proper spending

- Visit programs that may need assistance
- Measure grant performance
- Identify opportunities for improvement
- Serve the needs of grantees
- Build rapport and support effective grant performance
- Resolve problems
- Offer technical assistance
- *Recordkeeping review
 - Financial records
 - Verification of Veteran participation (when applicable)
 - and associated documentation and procedures)

*Grantees whose grant payments are based on Veterans participating in programming as reported on the Activity Log Sheet (see Attachment K) must be prepared to provide verification of Veteran participation (e.g., Veteran signed Log-in Sheets, software generated registration lists etc.) and make available upon request to the State Authorized Representative or as specified in the Grant Agreement. If the Grantee uses subcontractors or third-party vendors to accomplish the Programs/Activities specified in the Grant Agreement, the Grantee must be prepared to share with MDVA the subcontractor’s or third party’s documentation that would verify the veterans participation in the program. The subcontractor or third-party verification of Veteran participation must be made available upon request by MDVA to the State Authorized Representative or as specified in the Grant Agreement.

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

VIII. 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 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.

IX. PROGRESS REPORT AND/OR 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 months 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 must be 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) to allow adequate time to review the paperwork, notify the grantee of any missing or incomplete documentation and resolve discrepancies, if necessary.

A. Progress Report and Final Report Formats

Progress and Final Report specifications are unique to each Grantee as specified in Section 2.0 Grantee Duties of the Grant Agreement. However, in general, reports are intended to be a narrative description of the grant project including veteran metrics, project 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, contact the State's Authorized Representative.

B. Organization Compliance Report (Appendix H)

The Organization Compliance Report is the Grantee Authorized Representative's certification that the grant was expended according to the terms specified in the Grantee's Grant Agreement. Then, upon final review and approval of the grantee closeout documents (e.g., final 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" with the State.

Grantees with advanced payment grants must refund all unexpended 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 “Hold” status and will be unable to receive future MDVA grants, until the unresolved issues have been corrected to the satisfaction of the State.

C. Final Grant Payment Retained (Reimbursement Grants)

At the end of the grant period, or when the Grantee is requesting final reimbursement, 10% of the original MDVA grant award will be retained by MDVA until the Grantee has successfully submitted all the required grant close out documents as specified in the Documentation Checklist – Reimbursement Grants and the Grant Agreement.

As an example, a Grantee who is awarded a \$100,000 grant may request up to \$90,000 in grant reimbursement any time throughout the grant period. The remaining \$10,000 (10%) will be retained by the State until which time the Grantee’s grant close out documents have been reviewed and approved to the satisfaction of the State by the State Authorized Representative.

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

Grantees may be compensated for travel-related expenses (e.g., mileage, lodging, airfare, meals etc.) when the 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) <https://mn.gov/mmb-stat/000/az/labor-relations/commissioners-plan/contract/commissioners-plan-accessible.pdf> (Search for (Control F): 15 – Expense Reimbursement)

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.

XI. GRANTEE ERRORS AND/OR MISSING SUPPORTING DOCUMENTATION

A. Disallowed Expenses

In the event that the State’s Authorized Representative has 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).

XII. MDVA GRANT PAYMENT LEADTIME

In general, grantees may expect to be paid within 30 days from submission of a Payment Request 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.

XIII. CONTACT INFORMATION

Liz Kelly

Liz Kelly | Grant Program Manger

Minnesota Department of Veterans Affairs

Work Cell 612.875.6944

20 West 12th Street, 1st Floor | St. Paul, MN 55155

www.mdva.state.mn.us www.minnesotaveteran.org



Appendix A - Documentation Checklist (Reimbursement Grant)

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

Documentation submitted to MDVA before Grant Agreement may be written & executed:

*Work Plan (as specified in the Grant Agreement) *Note: CVSO grants excluded*

*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. Salary, Travel, Equipment).

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

* Other (e.g. Activity Log and/or as required)

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

Documentation submitted after grant expenditures have been incurred:

*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 Grantee Grant Agreement approved Budget categories.*

*Activity Log – Appendix K *(as specified in the Grant Agreement)*

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

*Travel and Meal Log(s) – Appendix F *(as specified in the Grant Agreement)*

*Contract & Bidding Log Sheet – Appendix I *(as specified in the Grant Agreement)*

*Gift Certificate Log– Appendix J *(as specified in the Grant Agreement)*

*Progress Report *every 12 months when grants exceed 1 year (as specified in the Grant Agreement)*

Documentation submitted at the end of the grant period (grant close out):

*Final Report (as specified in the Grant Agreement) *Note: CVSO grants excluded*

Note: The report format is specified in the Grant Agreement Contract, 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 submitted to MDVA before Grant Agreement Contract 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. Salary, Travel, Equipment).

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

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

*Advanced Payment Grant Expenditure Report Form – Appendix D

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

Documentation submitted at the end of the grant period after grant expenditures have been incurred:

*Advanced Payment Grant Expenditure Report Form – Appendix D

*Budget Expenditure Spreadsheet (BES)– Appendix E (Table II) or as specified on the Grant Agreement

Note: The BES is a detailed list of the grantee's actual grant dollar expenditures (invoices, receipts etc.) within the original Grantee Grant Agreement Contract approved Budget categories.

*Activity Log – Appendix K (as applicable)

*Supporting Documentation (e.g. receipts, invoices, 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)

*Progress Report every 12 months (narrative description the grant outcomes to date)

Documentation submitted at the end of the grant period (grant close out):

*Final Report (narrative describing the Grant Outcomes)

Note: The report format is specified in the Grant Agreement Contract, Section 2.0 - Grantee Duties.

*Account Activity Statement Cross Reference (CVSO/Legislative Grant Only)

Note: The Final Report is embedded withing this document

*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

Grantee: <input style="width: 90%; height: 20px;" type="text"/>	Program Name: <input style="width: 90%; height: 20px;" type="text"/>	SWIFT P.O. Number: <input style="width: 90%; height: 20px;" type="text"/> <small>(Ref: Executed grant agreement)</small>
Payment Number (e.g. Q1, Q2, M1, M2...) <input style="width: 80%; height: 20px;" type="text"/> Invoice date range: From: (earliest date): <input style="width: 90%; height: 20px;" type="text"/> To: (latest date): <input style="width: 90%; height: 20px;" type="text"/> Reimbursement Amount \$ <input style="width: 80%; height: 20px;" type="text"/> Closeout: <input type="checkbox"/> Y/ <input type="checkbox"/> 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) must be submitted with each payment request and/or retained by the grantee as specified in the MDVA Grants Manual (Ref. Section V.) and Grant Agreement.</i>	
Signature <input style="width: 60%; height: 20px;" type="text"/> Date <input style="width: 30%; height: 20px;" type="text"/> <hr/> Print Name, Title Daytime Phone Number: <input style="width: 70%; height: 20px;" type="text"/> e-Mail: <input style="width: 80%; height: 20px;" type="text"/>		
Remarks: <input style="width: 95%; height: 40px;" type="text"/>		

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: \$ <input style="width: 80%; height: 20px;" type="text"/> By: <input style="width: 90%; height: 20px;" type="text"/> Title: <u>MDVA Grants Specialist</u> Date: <input style="width: 80%; height: 20px;" type="text"/> 2nd Review (if required) By: <input style="width: 90%; height: 20px;" type="text"/> Title: <u>MDVA Grants Program Manager</u> Date: <input style="width: 80%; height: 20px;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Payment Authorized</td> </tr> <tr> <td style="padding: 5px;">PO#</td> <td style="padding: 5px;"><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td style="padding: 5px;">INV#</td> <td style="padding: 5px;"><input style="width: 40%; height: 20px;" type="text"/> AMT <input style="width: 40%; height: 20px;" type="text"/></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> P or <input type="checkbox"/> F</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">VOUCHER #</td> <td style="padding: 5px;"><input style="width: 40%; height: 20px;" type="text"/> DATE <input style="width: 40%; height: 20px;" type="text"/></td> </tr> <tr> <td style="padding: 5px;">INPUT BY</td> <td style="padding: 5px;"><input style="width: 90%; height: 20px;" type="text"/></td> </tr> <tr> <td style="padding: 5px;">APPROVAL</td> <td style="padding: 5px;"><input style="width: 90%; height: 20px;" type="text"/></td> </tr> </table>	Payment Authorized		PO#	<input style="width: 80%; height: 20px;" type="text"/>	INV#	<input style="width: 40%; height: 20px;" type="text"/> AMT <input style="width: 40%; height: 20px;" type="text"/>	<input type="checkbox"/> P or <input type="checkbox"/> F		VOUCHER #	<input style="width: 40%; height: 20px;" type="text"/> DATE <input style="width: 40%; height: 20px;" type="text"/>	INPUT BY	<input style="width: 90%; height: 20px;" type="text"/>	APPROVAL	<input style="width: 90%; height: 20px;" type="text"/>
Payment Authorized															
PO#	<input style="width: 80%; height: 20px;" type="text"/>														
INV#	<input style="width: 40%; height: 20px;" type="text"/> AMT <input style="width: 40%; height: 20px;" type="text"/>														
<input type="checkbox"/> P or <input type="checkbox"/> F															
VOUCHER #	<input style="width: 40%; height: 20px;" type="text"/> DATE <input style="width: 40%; height: 20px;" type="text"/>														
INPUT BY	<input style="width: 90%; height: 20px;" type="text"/>														
APPROVAL	<input style="width: 90%; height: 20px;" type="text"/>														

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>CVSD Grants - For MDVA Use Only</small>
Advanced Payment Type <input checked="" type="checkbox"/> One Payment <i>(beginning of grant year)</i> <input type="checkbox"/> Multiple Payments Invoice date range: From: <i>(earliest date):</i> _____ To: <i>(latest date):</i> _____ Advanced Amount \$ _____ Grant Close out: <input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> I certify that I am the Grantee Authorized Representative and/or authorized to manage the MDVA grant. <i>Note: All original, grant expenditure supporting documentation (e.g. receipts, invoices, service contracts, payroll records), etc.) will be retained on-file by the grantee and submitted to MDVA as specified in the Grant Agreement and MDVA Grants Manual (Ref. Section V.)</i> _____ Date Signature _____ 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: \$ _____ By: _____ Title: <u>MDVA Grants Specialist</u> Date: _____ 2nd Review <i>(if required)</i> By: _____ Title: <u>MDVA Grants Program Manager</u> Date: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="left" colspan="2">Payment Authorized</th> </tr> <tr> <td>P.O. #</td> <td></td> </tr> <tr> <td>Invoice #</td> <td align="right">Amount \$</td> </tr> <tr> <td><input type="checkbox"/> P or <input type="checkbox"/> F</td> <td></td> </tr> <tr> <td>Voucher #</td> <td></td> </tr> <tr> <td>Input By</td> <td></td> </tr> <tr> <td>Approved By</td> <td></td> </tr> <tr> <td>Date:</td> <td></td> </tr> </table>	Payment Authorized		P.O. #		Invoice #	Amount \$	<input type="checkbox"/> P or <input type="checkbox"/> F		Voucher #		Input By		Approved By		Date:	
Payment Authorized																	
P.O. #																	
Invoice #	Amount \$																
<input type="checkbox"/> P or <input type="checkbox"/> F																	
Voucher #																	
Input By																	
Approved By																	
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 Report (BER) / Budget Expenditure Spreadsheet (BES) Examples

Budget Expenditure reporting formats (e.g., monthly, quarterly etc.) may differ from grantee to grantee 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 (Grantee Budget approved at the beginning of the grant period)

A	B	C	D	E
3 Organization Name: _____				
4 Representative Name: _____				
5 Reimbursement Payment Request Number: _____ (e.g. RPR #1)				
6 Reimbursement Payment Request Amount: _____				
7 RPR Period: _____ - _____ (i.e. Invoice/Receipt Date Range)				
8				
BUDGET CLASS	BUDGET CATEGORY	Budget Item(s) (e.g. Publicity, Travel etc.)	Approved Budget Amount	Budget Category Sub-Total
INDIRECT	ADMINISTRATION	Overhead Expenses (inc. Office Supplies, Accountant, Phone & Internet) Maximum 10% of Total Direct Expenses	\$ 4,500.00	\$ 4,500.00
D I R E C T	OPERATIONS	Travel	\$ 6,000.00	\$ 25,000.00
		Training	\$ 3,000.00	
		Equipment	\$ 10,000.00	
		Publicity	\$ 6,000.00	
	VETERAN SUPPORT SERVICES	Fuel Gift Cards (for Veterans)	\$ 5,000.00	\$ 20,000.00
		Salary (Veteran Case Managers)	\$ 15,000.00	
Column Total		Column Total	\$ 49,500.00	\$ 49,500.00

Table II - Budget Expenditure Spreadsheet BES (detail listing of expenditures submitted with every Payment Request and at grant close out)

BUDGET CLASS	BUDGET CATEGORY	Budget Item(s) (e.g. Publicity, Travel etc.)	Approved Budget Amount	Budget Category Sub-Total	Total Expenditures (e.g. Receipts) RPR #1	Total Expenditures (e.g. Receipts) RPR #2	Total Expenditures To Date	Remaining Balance	% INDIRECT (may not exceed 100%)	% BUDGET CATEGORY VARIANCE (may not exceed 100% without prior written MDVA approval)
INDIRECT	ADMINISTRATION	Overhead Expenses (inc. Office Supplies, Accountant, Phone & Internet) Maximum 10% of Total Direct Expenses	\$ 4,500.00	\$ 4,500.00	\$ 1,425.00		\$ 1,425.00	\$ 3,075.00	32%	
D I R E C T	OPERATIONS	Travel	\$ 6,000.00	\$ 25,000.00	\$ 3,000.00		\$ 3,000.00	\$ 3,000.00		50%
		Training	\$ 3,000.00		\$ 1,500.00		\$ 1,500.00	\$ 1,500.00		50%
		Equipment	\$ 10,000.00		\$ 4,000.00		\$ 4,000.00	\$ 6,000.00		
		Publicity	\$ 6,000.00		\$ 1,500.00		\$ 1,500.00	\$ 4,500.00		
	VETERAN SUPPORT SERVICES	Fuel Gift Cards (for Veterans)	\$ 5,000.00	\$ 20,000.00	\$ 750.00		\$ 750.00	\$ 4,250.00		15%
		Salary (Veteran Case Managers)	\$ 15,000.00		\$ 3,500.00		\$ 3,500.00	\$ 11,500.00		23%
Column Total		Column Total	\$ 49,500.00	\$ 49,500.00	\$ 15,675.00	\$ -	\$ 15,675.00	\$ 33,825.00		

Appendix F - Travel Expense Worksheet & Example Worksheet (inc. Plan Details)

1	Date	Traveler Name	Time (when reporting meals only... ref: Plan Details Tab Below)		Location (Start/End Zip Codes, Address etc.)	Travel Purpose/ Outcome Activity Area	Mileage			Parking	Other Travel Expenses (airfare, taxi etc.) <i>List on separate lines when necessary.</i>	Lodging	Meals - \$36 max per day unless travel in major metropolitan area as specified in the Commissioner's Plan <i>(Ref: Plan Details Tab Below)</i>				Daily Total
			Start	End			Miles	Rate	Amt				Breakfast (\$9)	Lunch (\$11)	Dinner (\$16)	Meals Total	
3	Grantee Name: _____ (e.g. Washington County, ABC Organization)					Date: _____											
4							0.655	\$0.00								\$0.00	\$0.00
5							0.655	\$0.00								\$0.00	\$0.00
6							0.655	\$0.00								\$0.00	\$0.00
7							0.655	\$0.00								\$0.00	\$0.00
8							0.655	\$0.00								\$0.00	\$0.00
9							0.655	\$0.00								\$0.00	\$0.00
10							0.655	\$0.00								\$0.00	\$0.00
11							0.655	\$0.00								\$0.00	\$0.00
12							0.655	\$0.00								\$0.00	\$0.00
13							0.655	\$0.00								\$0.00	\$0.00
14							0.655	\$0.00								\$0.00	\$0.00
15							0.655	\$0.00								\$0.00	\$0.00
16							0.655	\$0.00								\$0.00	\$0.00
17							0.655	\$0.00								\$0.00	\$0.00
18							0.655	\$0.00								\$0.00	\$0.00
19							0.655	\$0.00								\$0.00	\$0.00
20							0.655	\$0.00								\$0.00	\$0.00
21							0.655	\$0.00								\$0.00	\$0.00
22							0.655	\$0.00								\$0.00	\$0.00
23							0.655	\$0.00								\$0.00	\$0.00
24							0.655	\$0.00								\$0.00	\$0.00
25							0.655	\$0.00								\$0.00	\$0.00
26							0.655	\$0.00								\$0.00	\$0.00
27	Totals						0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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 62.5 cents to 65.5 cents per mile as of January 1, 2023.

Travel Expense Worksheet - Example

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Date	Traveler Name	Time (Must document whenever "meals" are reported)		Location (Start/End)	Purpose/Outcome Activity Area	Mileage			Parking	Lodging	Other Travel Expenses	Meals				Daily Total
2			Start	End			Miles	Rate	Amt				Break-fast	Lunch	Dinner	Meals Total	
3	1/4/2023	Ben Jones	7am	4pm	Saint Cloud to Saint Paul, MN	Cmdr Task Force Mtg	161	0.655	\$105.46							\$0.00	\$105.46
4	8/16/2023	Sylvia White	7am		Saint Paul to Duluth, MN	IT Conference	311	0.655	\$203.71	\$26.00	\$147.70			\$10.58	\$14.88	\$25.46	\$402.87
5	8/17/2023	Sylvia White	6am	6pm	Duluth to Saint Paul, MN	IT Conference		0.655	\$0.00				\$8.58	\$11.00		\$19.58	\$19.58
6	10/30/2023	Ben Jones			NACVSO conf. (Lodging)	CEU	26	0.655	\$17.03		\$433.35					\$0.00	\$450.38
7	10/30/2023	Ben Jones			NACVSO conf. (Deposit)	CEU		0.655	\$0.00			\$146.52				\$0.00	\$146.52
8	10/30/2023	Ben Jones			NACVSO conf. (Airfare)	CEU		0.655	\$0.00			\$338.20				\$0.00	\$338.20
9	10/30/2023	Ben Jones			NACVSO conf. (Baggage)	CEU		0.655	\$0.00			\$50.00				\$0.00	\$50.00
10	10/30/2023	Ben Jones			NACVSO conf. (Travel Insur.)	CEU		0.655	\$0.00			\$37.70				\$0.00	\$37.70
11	Totals						498		326.2	\$26.00	\$581.05	\$572.42	\$8.58	\$21.58	\$14.88	\$45.04	\$ 1,550.71
12																	
13	When travel includes multiple "other" expenses (e.g. parking, taxi etc.) list on separate lines.																



Appendix G – Organization Compliance Report

I certify that the grant expenditure documentation provided by: [redacted] (organization name) for the Minnesota Department of Veterans Affairs (MDVA) grant, \$ [redacted] (original grant amount), SWIFT P.O. # [redacted] (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 \$ [redacted].

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.

Refunds - Advanced Payment Grants Only

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.

\$ [redacted] (amount), [redacted] (warrant/check number), [redacted] (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.

Mail refunds to MDVA Grant Specialist made payable to: Minnesota Department of Veterans Affairs.

[redacted]

Grantee Authorized Representative Signature

[redacted]

Print Name

[redacted]

Date

[redacted]

Phone number

(Section completed by MDVA Grants Unit)

MDVA Grant Compliance Certification

[redacted]

MDVA Authorized Representative

Liz Kelly

Print Name

[redacted]

Date

MDVA Grant Program Manager

Title

Appendix H - Contract & Bidding Log Sheet



MINNESOTA DEPARTMENT OF VETERANS AFFAIRS - Contracting & Bidding LOG SHEET

All MDVA Grant Agreements (Ref: Section 4.4 Contracting and Bidding Requirements)

- For a list of the State's expenditure \$ thresholds, refer to Section 4.3 of the executed Grant Agreement. (For instance - 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 and logged on this Log Sheet.

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 and provide to the State Authorized Representative upon request.

Targeted Vendor List - Please asterisk (*) all businesses obtained from the Targeted Business List (Ref. Grant Agreement Section 4.4.4).

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

Appendix I – Direct Veteran Assistance/ Gift Certificate Log Sheet



MINNESOTA DEPARTMENT OF VETERANS AFFAIRS – Veteran Gift Certificate Log Sheet

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

Grantee Authorized Representative _____ Phone Number: _____

Direct Veteran Assistance/Gift Card Type (G – Gas, F – Food, L – Lodging, T – Taxi, B – Bus, H – Household Necessities)

DATE	BUSINESS NAME <small>(e.g. Cub Foods, Budget Inn, etc.)</small>	BUSINESS ADDRESS	GIFT CARD TYPE	GIFT CARD SERIAL NUMBER <small>(e.g. G-1326679043)</small>	VETERAN NAME	VETERAN SIGNATURE	GIFT CARD \$ VALUE	NOTES
TOTAL \$								

Appendix J - Grantee Vendor - Single/Sole Source Justification Form



Grantee Vendor - Single/Sole Source Justification Form

State Agency: MDVA	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

(Section completed by MDVA staff only)

State Agency: MDVA	Division/Department:
Grantee:	Grant Period:
Vendor:	Budgeted Line item Amount:
SWIFT Grant Contract Number: (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 K – Activity Log (Example)

A	B	C	D	E	F	G	H	I	J	K	L
ORGANIZATION NAME HERE MDVA GRANT Support Our Troops Activity Log					Date						
Prepared by: ORGANIZATION REPRESENTATIVE											
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
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
	KS-0317-Camp	Yes	5		2007-2015 Army	1	Potluck Night		10/29/2018	3 hours (5-8pm)	Dinner and resource night
	PG-6472-Camp	Yes	8		2009-2010 Army	1	Veterans Day Activies		11/11/2018	2 Hours	Free classes and food
	TH-1296-Camp	Yes	4		1998-2001 Air Force	1	Veterans Networking Lunch		12/18/2019	2 Hours	Lunch networking session
	VC-5306-Camp	Yes	4		2008-2007 Army						
	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	
	AS-3144-Camp	Yes	5		2003-2005 Army		Veteran ID Legend	First and Last Initial / Last 4 of SS# / Event Code			
	KS-3500-Camp	Yes	3		2008-2009 Army						
	MC-4549-Camp	Yes	3		2006-2007 Army						
	Sub-Total (# Veterans and family members served)				41						
Reimbursement Payment Request Amount (# Vets served x \$149)				\$6,109.00							
	JS-4013-Potluck	Yes	2		1964-1968 USMC						
	TS-5895-Potluck	Yes	4		1988-1994 Navy						

Appendix L – Grantee Progress Report (Instructions)



Grantee Progress Report Instructions

Instructions to Grantees:

Using organization letterhead, if possible, please model the Progress Report on the format below, including question headings, to summarize 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.

Grant Organization Name: _____

MDVA Grant Type:

SOT/competitive ___ CVSO/competitive ___ SOT/VSO ___ SOT/fast-track ___ Legislatively named (VSO) ___
Legislatively named (Other) ___

Date: _____

Prepared by (name/title): _____

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

Amendment # ___ Date executed _____ (if applicable):

Amendment # ___ Date executed _____ (if applicable):

Purpose of grant (Ref. Section 2.2 Grant Agreement):

Grant Award Amount: _____ **Amount Unspent:** _____

1. Provide a summary of the Grant Program/Activity outcomes *to date* as it relates to the original Work Plan (including the actual number of Veterans directly served as reported on the most recent submitted Activity Log (if applicable)?)
2. Have any Grant Agreement Amendments been necessary? (Yes or No) If yes, briefly explain the purpose and justification of the Amendment(s).
3. Describe challenges which may have impacted the grant outcomes while administering the grant and any “lessons learned (if applicable).
4. Is the grant Program/Activity on-track to complete on-time according to the current Grant Agreement expiration date (Yes or No)? If no, explain.
5. Is the grant Program/Activity on-track to expend the total grant award dollars? (Yes or No)? If no, explain.
6. Additional Comments



Grantee Final Report Instructions

Instructions to Grantees:

Using organization letterhead, please model the Final Report (2-4 pages) on the format below, including question headings, to summarize 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).

Grant Organization Name: _____

MDVA Grant Type:

SOT/competitive ___ CVSO/competitive ___ SOT/VSO ___ SOT/fast-track ___ Legislatively named (VSO) ___
Legislatively named (Other) ___

Date: _____

Prepared by (name/title): _____

Grant Period: (e.g., 2/1/22 – 1/31/25):

Amendment # ___ Date executed _____ (if applicable):

Amendment # ___ Date executed _____ (if applicable):

Purpose of grant (Ref. Section 2.2 Grant Agreement):

Grant Award Amount: _____ Amount Unspent: _____

1. Provide a detailed description of the Grant Program/Activity as it relates to the original Work Plan (including the actual number of Veterans the MDVA grant was intended to serve. Include sample programs, schedules of activities (if applicable).
2. Provide a detailed description grant outcomes as it relates to the original Budget and Work Plan (including the actual number of Veterans directly served as reported on the final Activity Log (if applicable)?
3. Did (or will) Grantee receive payment for the entire grant award amount? (Y/N) ___ (If no, please explain)
4. Describe the challenges which may have impacted the grant outcomes while administering the grant and any “lessons learned (if applicable).
5. Provide 1-2 brief testimonial stories of veterans served with photos when possible. (Optional unless required in Grant Agreement Sec. 2.0 Grantee Duties)
6. Additional Comments