

Minnesota Department of Veterans Affairs (MDVA)



GRANTS MANUAL

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

I. Introduction

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

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

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

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

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

This manual was developed to help grantees administer their MDVA grants and to provide instruction on reporting eligible program expenses for Advanced Payments 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 the Grant Agreement, Amendments, Reimbursement Requests and/or Advanced Payment Requests, please contact the MDVA Grants Specialist or the State's Authorized Representative.

II. State Accounting System (SWIFT) Requirements *New Grantees Only*

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

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

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

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

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

III. GRANT PAYMENTS

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

A. Reimbursement Payment

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

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

1. Reimbursement Documents to Be Submitted

The grantee shall provide to the State by mail, e-mail or as specified in the Grant Agreement the following information to receive grant reimbursement payments:

- **Program Reimbursement Payment Request Form – Appendix C**
This form must be completed and signed by the Grantee’s Authorized Representative.
- **Budget Expenditure Spreadsheet SAMPLE – Appendix E**
The Budget Expenditure Spreadsheet provides the starting budget amounts, the current requested reimbursement amount, and the remaining balance of funds available. In general, the Budget Categories are the same as those from the original approved budget. Only approved budget items (expenses) will be eligible for reimbursement.
- **Travel Log SAMPLE – Appendix F** (*when applicable*)
- **Grant Expense Supporting Documentation**
Expense Supporting Documentation must include all receipts, mileage logs, invoices, and payroll records. This information is required to determine the eligibility of the expenses and to ensure expenses were made within the period eligible for reimbursement.

2. Final Grant Closeout

- 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. The Final Report and final Budget Expenditure Spreadsheet, *Grant Compliance Report and supporting documentation must be submitted within 20 business days after the Grant Agreement Termination Date in order to allow the MDVA Finance adequate time Unit to review the paperwork, notify the grantee of any missing or incomplete documentation, and process the request.
- The final reimbursement will be paid when the State determines that the Grantee has satisfactorily fulfilled all the terms of their grant agreement.
- * Upon successful review and approval of the Final Report, the Grant Compliance Report shall be signed by the MDVA Grants Specialist and returned to the Grantee.

Note: Reimbursement Forms are available for download by the Grantee from the MDVA Website Grants Page or are available upon request by the MDVA Grants Specialist upon request.

B. Advanced Payment

Grantees with an Advanced Payment provision in their Grant Agreement, shall receive a grant payment at the beginning of the grant period. As the grant fund are expended, grantees shall retain their grant expenditure supporting documentation (receipts, invoices, mileage logs, payroll reports and proof of payment) on file.

1. When There Are Multiple Payments throughout the Grant Period

Some Grantees will have a provision in their Grant Agreement allowing for more than one grant payment throughout the grant period. When this is the case, grant payments will usually be made at the beginning and again mid-way through of the grant period.

In cases where Grantees receive more than one advanced payment, the Grantee shall provide grant expenditure supporting documentation to the State after each grant payment has been expended. Subsequent payments shall be made to the Grantee by the State only after these documents have been reviewed and approved by the MDVA Grants Specialist or the State's Authorized Representative.

2. At the End of the Grant Period or After Grant Payment Has Been Expended

At the end of the grant period, or after a grant payment has been expended, the Grantee shall provide to the State by mail, e-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 SAMPLE – Appendix E**
The Budget Expenditure Spreadsheet provides information on the starting budget amounts, the current budget expenditure amount, and the remaining balance of funds available (*when applicable*). In general, the Budget Categories are the same as those from the original, approved Budget. Only approved budget items (expenses) will be eligible for reimbursement.
- **Travel Log SAMPLE – Appendix F (*when applicable*)**
- **Advanced Payment Supporting Documentation**
Program expenses must be documented with receipts, mileage logs, invoices, and payroll records. This information is required to determine the eligibility of the expenses and to ensure expenses were made within the period eligible for reimbursement.

3. Final Grant Closeout

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. The Final Report and Budget Expenditure Spreadsheet, Grant Compliance Report and supporting documentation must be submitted within 20 business days after the Grant Agreement Termination Date in order to allow the MDVA Finance adequate time Unit to review the paperwork, notify the grantee of any missing or incomplete documentation, and process the request.

Advanced Payment Grantees with payment terms specifying a single advanced payment, (vs. multiple payments) are also required to include “proof of payment” documentation (See Section V. below.)

Note: Forms and Spreadsheets are available for download by the Grantee from the MDVA Website Grants Page or are available by request the MDVA Grants Specialist upon.

IV. Grant Expense Supporting Documentation

For all grant payments (Reimbursement or Advanced Payment), supporting documentation (e.g. invoices, receipts, payroll records) must explicitly state the date(s) that the services were performed in order to determine the date(s) fall within the period eligible for reimbursement as specified in the Grant Agreement.

Please insure that the following information is clearly indicated on all supporting documentation:

- Budget Category for the expense (e.g. Personnel, Travel, and Equipment etc.)
- If the documentation (e.g. receipt, invoice) reflects expenses for more than one Budget Category, indicate which budget items are posted to which budget category.
- If the documentation has non-program expenses on it, be sure to line-through the nonrelated expenses.
- All employees working on the grant should track the number of hours. Timesheet elements include the period worked, (date range of work performed), name of the employee, rate of pay, hours worked, and benefit rate.
 - The original time records must be available for review if requested. All vacation (paid time off), sick, and holiday benefits are eligible for reimbursement on a proportional level. Please contact the MDVA Grants Specialist or State’s Authorized Representative for more information.

Please send one copy of the reimbursement request to the MDVA Grants Specialist or the State’s Authorized Representative by mail, e-mail or as specified in the Grant Agreement.

V. Documents to Be Kept on File

The grantee must maintain all records related to the Grant Agreement including all Grant Agreements, Amendments and correspondence in a separate program file. Program records are required for monitoring/audit purposes and must be readily available for review.

1. Proof of Payment Documentation

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

Proof of payment documentation may include: 1) Account Activity Report generated from Grantee’s Accounting Software, 2) a copy of a bank statement with small photocopies of cleared checks, 3) an electronic bank statement, 4) a copy of cancelled check(s), or other certified financial records, 5) employee original time records and payroll documentation.

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

VI. Grantee Errors and/or Missing Supporting Documentation

In the event that the State Grant Specialist or Authorized Representative has questions concerning whether grant funds have been expended according to the Grant Agreement and/or the required grant supporting documentation is not available upon request, the State may place a “payment hold” on the grantee. No grant payments (Reimbursement Requests or Advanced Payment Request installments) shall be processed until the issue has been resolved to the satisfaction of the State’s Grants Specialist or Authorized Representative.

A. Disallowed Expenses

In the event that the State determines that an expense submitted by the grantee for reimbursement is not “allowed”, the State reserves the right to disallow payment for that budget item.

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 shall be addressed to the MDVA Commissioner or designee.

VII. MDVA Grant Payment Schedule

In general, Grantees may expect to be paid within 30 days of MDVA receiving the Reimbursement Payment Request or Advanced Payment Expenditure Documentation. However, if there are errors or if documentation is missing, the 30-day clock does not start until the missing documentation is submitted and/or the errors have been corrected to the satisfaction of the State.

VIII. Commissioner's Plan (Travel and Meal Allowances)

In order for travel and meal expenses to be eligible for reimbursement, grantees must submit their mileage and meal activity using the Travel Expense Worksheet according to the guidelines as stated in the Commissioner's Plan.

Website link for information on meal and mileage rates:

[Commissioner's Plan Website](#) (Select Chapter 15 – Expense Reimbursement)

Out of state travel is an ineligible expense unless prior approval is granted by the State's Authorized Representative.

IX. Contact Information

Minnesota Department of Veteran Affairs

Liz Kelly, Grants Specialist

20 West 12th Street, 2nd Floor

St. Paul, MN 55155-4010

Tel: 651-201-8225

Main: 651-296-2562

liz.kelly@state.mn.us

APPENDIX A

Reimbursement Payment Request
Grant Expenditure Supporting Documentation
Checklist

The checklist contains the items that must be included with the Reimbursement Payment Request. Please use the checklist to ensure that the payment request is complete.

For all programs, the Grantee must submit the following:

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

This document must be dated and signed by an appropriate representative for the grantee. Please complete the form and include the name of the program, the SWIFT purchase order number (300000XXXX), the sequence of the request (for example, the first request would be #1), and the period of time the request covers.

This document must be dated and signed by an appropriate grantee representative.

_____ **Budget Expenditure Spreadsheet – Appendix E**

The Budget Expenditure Spreadsheet is customized to reflect the grantee’s individual budget items, allowable expenses and is part of the grantee’s Grant Agreement. This will help track budget line items to ensure funding is being expended by budget categories.

_____ **Reimbursement Supporting Documentation**

Grantees shall submit copies of receipts, invoices, mileage logs and signed payroll records when specified in the Grant Agreement. This information is required to determine what part of the program the expenses are being directed to.

_____ **Travel Log – Appendix F (when applicable)**

Grantees shall submit a Travel Log when specified in the Grant Agreement.

_____ **Final Report (narrative describing the Grant Outcomes)**

The Final Report format is as specified in the grantee’s Grant Agreement.

_____ **Organization Compliance Report (submitted with the Final Report) Appendix G**

A statement by the Grantee certifying the grant funds were expended according to State specifications.

APPENDIX B

Advanced Payment

Grant Expenditure Supporting Documentation Checklist

The checklist contains the items that must be submitted after advanced payment funds have been expended. Please use the checklist to ensure that the advanced payment supporting documentation is complete.

Documentation to be submit grant funds have been expended:

_____ **Advanced Payment Grant Expenditure Report Form – Appendix D**

Please complete the form and include the name of the program, the SWIFT purchase order number (300000XXXX), the sequence of the advanced payment (for example, the first payment would be #1), and the period of time the payment request covers.

This document must be dated and signed by an appropriate grantee representative.

_____ **Budget Expenditure Spreadsheet – Appendix E**

The Budget Expenditure Spreadsheet is a detailed accounting of the grantee's itemized expenditures compared with the original, grantee budget (Column A).

_____ **Supporting Documentation**

Submit copies of receipts, invoices, mileage logs and signed payroll records. This information is required to determine what part of the program the expenses are being directed to.

_____ **Travel and Meal Log(s) – Appendix F (when applicable)**

Grantees shall submit a completed Travel Log when specified in the Grant Agreement.

_____ **Final Report** (narrative describing the Grant Outcomes)

The Final Report format is as specified in the Grantee's Grant Agreement.

_____ **Organization Compliance Report (submitted with the Final Report) – Appendix G**

A statement by the Grantee certifying the grant funds were expended according to State specifications.

APPENDIX C

Reimbursement Payment Request Form

SWIFT PO Number:	Grantee:	Program Name:
Request Number _____ Period for which funds are being requested: From: _____ To: _____ Amount of Request \$ _____ Final Request: 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 reported are as shown within the attached supporting documentation. <u>I certify that the expenditures reported have not been reimbursed from another source, and were used exclusively for this program.</u> All original documentation is retained by the grantee in the form of receipts, invoices, proof of payment, and signed payroll records. Copies of these supporting documents are attached as required by the MDVA Grants Manual.	
	_____ Signature Date	
	_____ Name, Title	
	Daytime Phone Number: _____	
	e-Mail: _____	
Remarks:		

For MDVA Use Only

I have reviewed the evidence provided by the grantee for the goods, materials and/or services presented and they satisfy State requirements for reimbursement under the pass through agreement.	
Reimbursement approved for: \$ _____ By: _____ Title: _____ Date: _____	<div style="border: 1px solid black; padding: 10px; min-height: 150px;"> Date Received </div>
2nd Review By: _____ Title: _____ Date: _____	

Please keep originals of invoices and evidence of payment as documentation for payments, 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

SWIFT PO Number:	Grantee:	Program Name:
<p>Payment Number</p> <p>_____</p> <p>Period for which advanced payment funds were expended:</p> <p>From: _____/_____/_____</p> <p>To: _____/_____/_____</p> <p>Amount for which advanced payment funds were expended:</p> <p>\$ _____</p> <p>Final Request: 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 reported are as shown within the attached supporting documentation. <u>I certify that the expenditures reported have not been reimbursed from another source, and were used exclusively for this program.</u> All original documentation is retained by the grantee in the form of receipts, invoices, proof of payment, and signed payroll records. Copies of these supporting documents are attached as required by the MDVA Grants Manual.</p> <p>_____</p> <p>Signature Date</p> <p>_____</p> <p>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.	
Reimbursement approved for: \$ _____	<div style="border: 1px solid black; height: 150px; padding: 5px;">Date Received</div>
By: _____	
Title: _____	
Date: _____	
2nd Review	
By: _____	
Title: _____	
Date: _____	

Please keep originals of invoices and evidence of payment as documentation for payments, along with a copy of this completed form. Records must be retained for six (6) fiscal years from the end of the agreement.

APPENDIX E

Budget Expenditure Spreadsheet EXAMPLE

	A	B	C	D	E	F	G
1	Budget Expenditure Report						
2	Complete the Budget Expenditure Spreadsheet after the grand funds have been expended.						
3	*****						
	INSTRUCTIONS:						
4	1. Enter the same Budget Categories and Budget \$ Amounts as was submitted in the original Budget Expenditure Report, (Attachment B) at the beginning of the grant period.						
	2. Add new Budget Items not listed in the <i>original</i> Budget (e.g. Attachment B, Section Two).						
	3. When there are multiple Receipts/Invoices within the same Budget Category, list each individual invoice separately.						
5	4. *Record page numbers <u>on all pages</u> of the Reimbursement Payment Request (inc. invoices, receipts) after it has been compiled and checked for accuracy.						
6		Budget Category (e.g. - Advertising, Salary, Travel etc.)	Budget \$ Amount (estimated)	*Pg #	Invoice # (when applicable)	Receipt or Invoice \$ Amount (actual)	Budget Item Amount Balance \$
7	1						\$ -
8	2						\$ -
9	3						\$ -
10	4						\$ -
11	5						\$ -
12	6						\$ -
13	7						\$ -
14	8						\$ -
15	9						\$ -
16	10						\$ -
17	11						\$ -
18	12						\$ -
19		Column Total	\$ -				\$ -

APPENDIX F

Travel Expense Worksheet

1	2	3	4	5	6	7	8	9	10							
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q

Travel Expense Worksheet

Date Range:

1	Date	# Travelers	Time		Destination	Purpose/ Outcome Activity Area	Mileage			Park- ing	Lodg- ing	Meals				Other Transp.	Daily Total
			Start	End			Miles	Rate	Amount			Break- fast	Lunch	Dinner	Meals Total		
3								0.54		\$0.00					\$0.00		\$0.00
4								0.54		\$0.00					\$0.00		\$0.00
5								0.54		\$0.00					\$0.00		\$0.00
6								0.54		\$0.00					\$0.00		\$0.00
7								0.54		\$0.00					\$0.00		\$0.00
8								0.54		\$0.00					\$0.00		\$0.00
9								0.54		\$0.00					\$0.00		\$0.00
10								0.54		\$0.00					\$0.00		\$0.00
11								0.54		\$0.00					\$0.00		\$0.00
12								0.54		\$0.00					\$0.00		\$0.00
13								0.54		\$0.00					\$0.00		\$0.00
14								0.54		\$0.00					\$0.00		\$0.00
15								0.54		\$0.00					\$0.00		\$0.00
16								0.54		\$0.00					\$0.00		\$0.00
17								0.54		\$0.00					\$0.00		\$0.00
18								0.54		\$0.00					\$0.00		\$0.00
19								0.54		\$0.00					\$0.00		\$0.00
20								0.54		\$0.00					\$0.00		\$0.00
21								0.54		\$0.00					\$0.00		\$0.00
22								0.54		\$0.00					\$0.00		\$0.00
23								0.54		\$0.00					\$0.00		\$0.00
24								0.54		\$0.00					\$0.00		\$0.00
25								0.54		\$0.00					\$0.00		\$0.00
26								0.54		\$0.00					\$0.00		\$0.00
27								0.54		\$0.00					\$0.00		\$0.00
28	Totals							0		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

APPENDIX G



Conflict of Interest Disclosure Form *(submit only when applicable)*

This form gives grantees an opportunity to disclose any actual, potential or perceived conflicts of interest that may exist 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 Name: _____

Grantee's Signature: _____

Grantee's Printed Name: _____

Date: _____ County *(if applicable)*: _____

This section to be completed by appropriate agency or grant program personnel (grant program manager and/or grant program supervisor):

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

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

Additional Details or Comments from agency or grant program personnel:

Grantee's Signature: _____

Grantee's Printed Name: _____

Date: _____

State Authorized Representative Signature: _____

Date: _____



Appendix H

Organization Compliance Report

I hereby certify that the _____ Grant funds received from the Minnesota
Organization Name

Department of Veterans Affairs were expended only for services that are authorized by Minnesota State Statute as provided by the Minnesota Department of Veterans Affairs.

As verification of the proper expenditure of these funds, I have documented all purchases made with grant funds. These receipts are in the total amount of \$_____.

Any remaining grant funds not expended are returned with this report. The check/warrant is made payable to the Minnesota Department of Veterans Affairs in the amount of \$_____ (only required when the amount is greater than \$25.00.)

All original invoices, receipts, purchase orders and proof of payment documentation will be retained by the Grantee for no less than six years for audit purposes.

Signature of Grantee Authorized Representative Date

Print Name Business Phone #

MDVA Grant Specialist Certified

Signature Title Date

Print Name Business Phone #

Appendix I



MINNESOTA DEPARTMENT OF VETERANS AFFAIRS Grants Unit

Contracting & Bidding LOGSHEET

All MDVA Grant Agreements (Ref: Section 4.3 Contracting and Bidding Requirements)

- **Invoices.** Any services and/or materials that are expected to cost \$25,000 or more must undergo a formal notice and bidding process.
- Any services and/or materials that are expected to cost between \$10,000 and \$24,999 must be scoped out in writing and offered to a minimum of three (3) bidders.
- 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.
- *Support documentation of the bidding process utilized to contract services must be included in the Grantee's financial records, including support documentation justifying a single/sole source bid, if applicable.
- For projects that include construction work of \$25,000 or more, prevailing wage rules apply per; Minn. Stat. §§177.41 through 177.44 consequently, the bid request must state the project is subject to prevailing wage. These rules require that the wages of laborers and workers should be comparable to wages paid for similar work in the community as a whole. A prevailing wage form should accompany these bid submittals.

Please submit the following information to the MDVA Grants Unit whenever MDVA CVSO Grant funds are used to purchase services and/or materials that are expected to cost \$5,000 and above.

Verbal/Written Quotes

Date	Description of Service or Material	Organization Name	Address	Phone #	Organization Representative	Quote Amount \$

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

Grantee Organization Name: _____ Date: _____

Grantee Authorized Representative _____ Phone Number: _____

