

Minnesota Department of Veterans Affairs (MDVA)



GRANTS MANUAL

Table of Contents

| | <u>Page</u> |
|--|--------------------|
| I. Introduction | 3 |
| II. State Accounting System (SWIFT) Requirements | 3 - 4 |
| III. Grant Payments | 4 - 6 |
| • Reimbursement Payment Requests | |
| • Advanced Payments | |
| IV. Grant Expense Supporting Documentation | 6 |
| V. Documents to Be Kept on File | 6 - 7 |
| VI. Final Grant Closeout Requirements | 7 |
| VII. Travel and Meal Allowances (Commissioner's Plan) | 7 |
| VIII. Grantee Errors and/or Missing Supporting Documentation | 8 |
| IX. MDVA Grant Payment Schedule | 8 |
| X. Contact Information | 8 |

Appendices

| | |
|--|---------|
| A Reimbursement Payment Request Checklist | 9 |
| B Advanced Payment Supporting Documentation Checklist | 10 |
| C Reimbursement Payment Request Form | 11 |
| D Advanced Payment Grant Expenditure Request/Report Form | 12 |
| E Budget Expenditure Spreadsheet - EXAMPLE | 13 |
| F Travel Log - EXAMPLE | 14 |
| G Conflict of Interest Disclosure Form | 15 - 16 |
| H Organization Compliance Report | 17 |
| I Contract and Bidding Log Sheet | 18 |
| J Gift Certificate Log Sheet | 19 |

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 STSTEM (SWIFT) REQUIREMENTS

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

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

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

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

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

III. GRANT PAYMENTS

In accordance with the Minnesota Office of Grants Management Policy (OGM) Policy Number 08-08, payments for MDVA grants are reimbursement-based unless Advanced Payment is 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. Documents to Be Submitted to Receive Reimbursement Payment

The grantee will provide to the State by mail, e-mail or as specified in the Grant Agreement the following information to receive 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 – Appendix E (Sample)**
The Budget Expenditure Spreadsheet provides the starting budget amounts, the current requested reimbursement amount, and the remaining balance of funds available. In general, the Budget Categories are the same as those from the original approved budget. Only approved budget items (expenses) will be eligible for reimbursement.

- **Travel Log – Appendix F (Excel Format)**
- **Other Logs (as applicable)**
- **Grant Expense Supporting Documentation (Ref. Section IV.)**
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.

B. Advanced Payment

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

1. Multiple Payments

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.

When grantees receive more than one advanced payment, the grantee will provide grant expenditure supporting documentation to the State by mail, e-mail or as specified in the Grant Agreement after each grant payment has been expended. Subsequent payments will be made to the grantee by the State only after these documents have been reviewed and approved by the MDVA Grants Specialist or the State’s Authorized Representative.

2. Grant Period End or After Grant Payment Has Been Expended

At the end of the grant period, or after a grant payment has been expended, the grantee will 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 – Appendix E (Sample)**
The Budget Expenditure Spreadsheet provides information on the starting budget amounts, the current budget expenditures, and the remaining balance of funds available (*when applicable*). In general, the Budget Categories are the same as those from the original, approved Budget. Only approved budget items (expenses) will be eligible for reimbursement.

- **Advanced Payment Supporting Documentation (Ref. Section IV.)**
- 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.
- **Travel Log – Appendix F (Excel Format)**
- **Other Logs (as applicable)**

IV. GRANT EXPENSE SUPPORTING DOCUMENTATION

For all grant payments (Reimbursement or Advanced Payment), supporting documentation (e.g. invoices, receipts, payroll records) must include 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 **write** the following information on all supporting documentation (e.g. invoices, receipts):

- 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.

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.

A. Proof of Payment Documentation

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

Proof of payment documentation 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. **FINAL GRANT CLOSEOUT REQUIREMENTS**

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

A. **Final Report**

In accordance with the Minnesota Office of Grants Management Policy (OGM) [Policy Number 08-09](#), grantees are required to submit progress reports at least annually. For most MDVA grantees, the progress report, (Final Report) is submitted at the end of the grant period or after all grant funds have been expended. Final Report formats will vary from grantee to grantee. However, in general, Final Reports are a 1-2 page narrative that provides metrics, background and context on how the grant funds were expended. For more information, refer to the Grant Agreement or the MDVA Grants Specialist.

Grant Closeout documentation must be submitted within 20 business days after the Grant Agreement Termination Date in order to allow the MDVA Finance adequate time to review the paperwork, notify the grantee of any missing or incomplete documentation.

Upon successful review and approval of the Final Report, the Grant Compliance Report will be signed by the MDVA Grants Specialist and filed in the grantee's file.

VII. **TRAVEL AND MEAL ALLOWANCES (COMMISSIONER'S PLAN)**

Grantees may be compensated for travel and related expenses when Travel is a MDVA approved budgeted expense in the Grant Agreement. In order for travel to be eligible for reimbursement, grantees must report their travel activity using the Travel Expense Worksheet according to the guidelines as stated in the Commissioner's Plan.

A. **Meal Expenses**

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

Website link for information on meal and mileage rates:

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

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

VIII. 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) will 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 will be addressed to the MDVA Commissioner or designee.

IX. 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.

X. CONTACT INFORMATION

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

APPENDIX A

Reimbursement Grant – Documentation Checklist

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

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

Documentation to be submitted at the beginning of the grant period and before grant payment:

- ___ **Grant Agreement** (3 original copies signed by the Grantee's Authorized Representative)
- ___ **Workplan** (narrative describing the proposed Grant Outcomes)
The Workplan format is specified in the Grant Agreement.
- ___ **Budget Expenditure Spreadsheet – Appendix E** (Excel format)
The Budget Expenditure Spreadsheet is a detailed accounting of the Grantee's proposed, itemized expenditures. The Spreadsheet format is specified in the Grant Agreement.
- ___ ***Conflict of Interest Disclosure Form – Appendix G** (Page 1 only)
- ___ **Other** (occasionally additional documents will be specified in the Grant Agreement)

Documentation to be submitted after grant funds have been expended:

- ___ **Reimbursement Payment Request Form – Appendix C**
- ___ **Budget Expenditure Spreadsheet – Appendix E** (Excel format)
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, proof of payment 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** (as applicable)
- ___ **Contract & Bidding Logsheet – 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)
The Final Report format is specified in the Grantee's Grant Agreement.
- ___ **Organization Compliance Report – Appendix G**
A statement by the grantee certifying the grant funds were expended according to State specifications.

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

APPENDIX B

Advanced Payment Grant - Documentation Checklist

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

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

Documentation to be submitted at the beginning of the grant period and before grant payment:

- ___ **Grant Agreement** (3 original copies signed by the Grantee's Authorized Representative)
- ___ **Workplan** (narrative describing the proposed Grant Outcomes)
The Workplan format is specified in the Grant Agreement.
- ___ **Budget Expenditure Spreadsheet – Appendix E** (Excel format)
The Budget Expenditure Spreadsheet is a detailed accounting of the Grantee's proposed, itemized expenditures. The Spreadsheet format is specified in the Grant Agreement.
- ___ ***Conflict of Interest Disclosure Form – Appendix G** (Page 1 only)
- ___ **Other** (occasionally additional documents will be specified in the Grant Agreement)

Documentation to be submitted after grant funds have been expended:

- ___ **Advanced Payment Expenditure Request/Report Form – Appendix D**
- ___ **Budget Expenditure Spreadsheet – Appendix E** (Excel format)
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, proof of payment 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** (as applicable)
- ___ **Contract & Bidding Logsheet – 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)
The Final Report format is specified in the Grantee's Grant Agreement.
- ___ **Organization Compliance Report – Appendix G**
A statement by the grantee certifying the grant funds were expended according to State specifications.

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

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> Copies of these supporting documents are attached as required by the MDVA Grants Manual (Ref. Section IV.). 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.) _____ 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: _____ 2nd Review By: _____ Title: _____ Date: _____ | Date Received <div style="border: 1px solid black; height: 200px; width: 100%;"></div> |

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

APPENDIX D
Advanced Payment Grant Expenditure Request/Report Form

| | | |
|--|--|----------------------|
| SWIFT PO Number: | Grantee: | Program Name: |
| Payment Number _____ *Multiple payments?: Y or N *Grant Payment Amount: \$ _____ Grant Payment Period: From: _____/_____/_____ To: _____/_____/_____ Total Grant Amount: \$ _____ Final Request: Y or 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> Copies of these supporting documents are attached as required by the MDVA Grants Manual (Ref. Section IV.). 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.) | |
| Remarks: | _____ Signature Date _____ 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 this agreement. | |
| Report approved for: \$ _____ By: _____ Title: _____ Date: _____ 2nd Review By: _____ Title: _____ Date: _____ | <div style="border: 1px solid black; height: 200px; width: 100%;"></div> <p align="center">Date Received</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 Spreadsheet EXAMPLE

Note: Budget Expenditure reporting formats may differ from Grantee to Grantee in order to accommodate different types of grants. For more information, please refer to the MDVA Grants Specialist.

| | A | B | C | D | E | F | G |
|----|---|---|--|--------------|---------------------------------------|---|--------------------------------------|
| 1 | Budget Expenditure Spreadsheet | | | | | | |
| 2 | Complete the Budget Expenditure Spreadsheet after the grand funds have been expended and submit with the Payment Request (See MDVA Grants Manual). | | | | | | |
| 3 | INSTRUCTIONS: 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. 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. | | | | | | |
| 4 | | | | | | | |
| 5 | | Budget Category (e.g. - Advertising, Salary, Travel etc.) | Budget \$ Amount (estimated) | *Pg # | Invoice # (when applicable) | Receipt or Invoice \$ Amount (actual) | Budget Item Amount Balance \$ |
| 6 | 1 | | | | | | \$ - |
| 7 | 2 | | | | | | \$ - |
| 8 | 7 | | | | | | \$ - |
| 9 | 8 | | | | | | \$ - |
| 10 | 9 | | | | | | \$ - |
| 11 | 10 | | | | | | \$ - |
| 12 | 11 | | | | | | \$ - |
| 13 | 12 | | | | | | \$ - |
| 14 | 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 | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 4 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 5 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 6 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 7 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 8 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 9 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 10 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 11 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 12 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 13 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 14 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 15 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 16 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 17 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 18 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 19 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 20 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 21 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 22 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 23 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 24 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 25 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 26 | | | | | | | | 0.54 | | \$0.00 | | | | | | | \$0.00 |
| 27 | | | | | | | | 0.54 | | \$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

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

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

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

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

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

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

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

I do not have any conflicts of interest.

or

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

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

Organization/County Name: _____

Grantee's Signature: _____

Grantee's Printed Name: _____

Date: _____

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

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

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

Additional Details or Comments from agency or grant program personnel:

Grantee's Signature: _____

Grantee's Printed Name: _____

Date: _____

State Authorized Representative Signature: _____

Date: _____

Appendix 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: _____

