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**Reimbursement Manual**

Outdoor Recreation and Natural and Scenic Area Grant Programs

Minnesota Department of Natural Resources

 Division of Parks and Trails

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**Introduction**

#

This Manual contains the forms you must use to receive reimbursements from the Local Grants Program. Payment of grant funds to you is by reimbursement only. You must initially pay project expenses, then claim reimbursement under the terms of the grant agreement. If you have questions about the policies or need help completing the forms, please call the DNR contact person assigned to your project

You may request no more than four reimbursements, if you anticipate needing more than four, please contact us before your project begins.

**Eligible Costs**

To be eligible for reimbursement, costs must be:

* Necessary for the completion of the project;
* Incurred during the project period stated in the grant agreement;
* Listed in the Cost Breakdown section of the Grantee’s application

Any changes to the project components **must** be submitted to your grant representative identified in the grant agreement. All changes must be approved before proceeding by your grant representative and, if federal funds, the National Park Service. Failure to notify the state’s representative prior to initiating a change in the project could jeopardize receipt of the funds approved for the project.

**Grant Accounting and Record Retention**

The Grantee shall maintain fiscal controls and fund accounting procedures that are based on generally accepted accounting standards and principles. The following practices should be used:

1. Establish separate accounts and supporting documents for this grant project.
2. Itemize records of project expenditures in sufficient detail to show the purpose of the expenditure.
3. Cross-reference each expenditure with the supporting purchase order, contract voucher, or invoice. These supporting documents should contain the signature of the individual authorized to approve such expenditures.
4. Maintain payroll vouchers for salaries and wages. All employees working on a grant project should fill out daily timesheets or ‘log books’.
5. Maintain records on Grantee-owned equipment used on the project. The records should include the time the equipment was actually used for the project and documentation of the charged use rate.
6. When payment is by warrant check, the warrant check should identify the project title and item being paid for.
7. When awarding contracts, follow the requirements of [Minnesota Statute 471.345](https://www.revisor.mn.gov/statutes/?id=471.345) and, if your grant agreement states that the grant includes federal funding, the requirements of [2 CFR Part 200](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200).

All accounting records, project agreements, and correspondence related to the grant shall be retained by the Grantee for a minimum of six years following project completion and final payment. The records shall be subject to examination and audit as stated in the grant agreement. The grant agreement itself includes certain perpetual requirements such as land retention and, therefore, must be retained permanently.

**Land Record Requirement**

All lands improved or acquired with funding from the Outdoor Recreation and Natural and Scenic Area Grant Programs must be perpetually retained and managed by the Grantee solely for the purposes identified in the grant agreement. The Grantee shall record a condition on the property deeds to all lands within the park referring to the grant agreement and the perpetual use restrictions. The required language is identified in the grant agreement. Before final reimbursement, the Grantee must submit copies of the deeds showing the recorded restrictions.

**SUBMITTING YOUR REIMBURSEMENT REQUEST**

**All Projects**

**Reimbursement request Form**

This form serves as the cover sheet for your request and requires an original signature of the official authorized by the Grantee to claim reimbursements.

**Project Cost Summary Sheet**

Use this form to list each invoice and to record the totals from your various summary sheets (lower section). Attach a copy of each invoice and the warrant check used to pay it. Each invoice must show the following information:

* Vendor’s Name
* Quantity of item(s) purchased.
* Description of item(s) purchased.
* Unit price.

Two instances will require special attention. First, there may be some invoices that include materials or services that are not related to the grant project. In this case, highlight on the invoice only those items used for the project. Second, vendor statements are acceptable as cost documentation only when an invoice cannot be obtained from the vendor. Some vendors, as a matter of practice, do not use invoices. In such an instance, simply identify on the vendor’s statement the items that are related to the project.

**Warrant Checks or Evidence of Payment**

A photocopy of the Grantee’s warrant check must be submitted with each invoice to provide evidence that the materials or services were actually paid for by the Grantee. When a single warrant check is used to pay several invoices, simply attach all associated invoices to the copy of the warrant.

**Email to your grant representative:**

Sign and date your Reimbursement Request Form and include all supporting forms, invoices and proof of payment documents.

**Projects Involving Development / Construction**

**Force Account Contributions**

Project-related expenses incurred through direct use of Grantee’s staff, equipment, or materials are defined as ‘Force Account’ contributions. All force account contributions must be directly related to completion of the project. Labor to administer the project is not eligible for reimbursement.

Use the appropriate summary sheet to record each type of Force Account contribution. Then transfer the total to the **Project Cost Summary Sheet**.

**Force Account Labor Summary**

This form is used to document the cost of project-related work by the Grantee’s employees. The employee’s name, wage, and hours worked are recorded. Copies of the employee’s timesheets and payroll must be retained by the Grantee.

**Force Account Equipment Record**

This form is used to document the use of the Grantee’s equipment for the project. The type of equipment, use rate, hours or miles used, and description of the work performed is recorded on the form.

**Force Account Materials Record**

This form is used to document the cost of Grantee-owned materials used for the project. The cost of materials taken from stock should be equivalent to the prevailing cost of similar goods purchased from local vendors.

#

**Donations of Labor and Equipment**

Donations of labor and equipment can be counted toward the project’s total cost if properly documented.

**Volunteer Labor**

These forms are used to document the hours that unskilled volunteers have donated to the project. The value of unskilled labor is fixed at $9.00 per hour.

[Note: for skilled labor valued at more than $9.00 per hour, see the section below titled Donated Materials, Services, and Skilled Labor].

Each volunteer working at least 8 hours on the project should complete and sign a Volunteer Labor Record. If crews are used, the crew leader can complete a single worksheet for the entire crew. The Volunteer Labor Summary Sheet is used to summarize several worksheets.

**Donated Equipment**

This form is used to document the value of donated equipment used to complete the project. Equipment use rates should be equivalent to the prevailing rate for use of such equipment in your area. Transfer the total value of all donated equipment to the appropriate line on the Project Cost Summary Sheet and attach the supporting information.

**Donated Materials, Services, and Skilled Labor**

Individuals, organizations, or businesses may contribute goods or services to complete the project. To receive credit for this type of donation, the donor must provide a regular invoice for the material or service with a notation on the invoice identifying the value of the donation. Donations of services or skilled labor should be valued at rates typically charged for such work in the area. Record each donation invoice on the Project Cost Summary Sheet and attach the invoice.

**Projects Involving Acquisition of Land**

The Grantee must complete the following steps in order:

1. Provide the Landowner(s) with a copy of the Statement of Just Compensation form for review and signature. This statement is not an offer to buy or an acceptance to sell. Information provided on this form includes the recommended market value and notification of the relocation assistance requirements.
2. Provide the Landowner(s) with the Written Offer to Purchase form, which must state an amount equal to or greater than the Statement of Just Compensation. Following the Landowner(s) review and signature of this form, you may begin to negotiate the selling price for the land to be acquired.
3. Provide the Landowner(s) with the Statement of Owner form for completion and signature.
4. If the Landowner(s) accepts an amount that is less than or greater than the amount of the Statement of Just Compensation, he/she must complete and sign the Statement of Difference in Value form. Signature of the form by the Landowner(s) constitutes his/her waiver of the right to just compensation.
5. Transfer the title and record the Land Record Requirement.
6. After the title has been obtained, have your attorney complete the Attorney’s Certificate of Title and 5-Year History of Conveyance form. A title insurance policy can be submitted in lieu of an Attorney’s Certificate of Title.
7. If the Grantee and the Landowner(s) are unable to negotiate an agreement for the purchase of the land, the Grantee may, if authorized by law, institute eminent domain (condemnation) proceeding. In this case, the above forms are not required. Instead, submit a copy of the Report of the Commissioners (court award) and a copy of the warrant check(s) paying the Landowner(s).

# **Reimbursement Request Form**

|  |  |  |
| --- | --- | --- |
| Project Number | Grant Recipient | Project Name |
| Request Number \_\_\_\_\_\_\_\_\_\_\_Period for which funds are being requested:From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Amount of Request $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | I certify that I am the individual authorized to request funds and that all costs reported are in accordance with the grant agreement.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name TitlePhone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Remarks: |

#### <For Department Use Only>

|  |  |  |
| --- | --- | --- |
| I certify that the expenses by this claim have been reviewed and are eligible costs under the grant agreement, and payment therefore is recommended.Payment approved in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | FY | Vendor Number  |
| DeptR29 | Invoice #  |
| PO/Encumbrance # | Line # | Object # |
| Payment Amount:  |
| Transaction Date/No. | Dept. Auth. Signature |

## Project Cost Summary Sheet

## Attach copies of all invoices, warrant checks, and summary sheets

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Vendor / Item Description / Land Description | Invoice # andCheck # | Amount$ | ForState Use |
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|  ● Force Account Labor (total from summary sheet) |  |  |
|  ● Force Account Equipment (total from summary sheet) |  |  |
|  ● Force Account Materials (total from summary sheet) |  |  |
|  ● Donated Labor (total from summary sheet) |  |  |
|  ● Donated Equipment (total from summary sheet) |  |  |
| Total Cost |  |  |

## Checklist

Please use this checklist to ensure that your reimbursement request is complete.

|  |
| --- |
| **For all projects*** Reimbursement request Form
* Project Summary Sheet with copies of invoices and proof of payment
* Property Deeds with Recorded Land Restriction
 |

|  |
| --- |
| **Development / Construction*** Force Account Labor Summary
* Force Account Equipment Record
* Force Account Materials Record
* Volunteer Labor Record
* Donated Equipment Use Record
* Bid documents for contracts $250,000 and above
 |

|  |
| --- |
| **Land Acquisition*** Recorded Warranty Deed(s)
* Warrant check or evidence of payment
* Closing Transaction Costs

 (if funded by MN Environment & Natural Resources Trust Fund)* Statement of Just Compensation
* Written Offer to Purchase
* Statement of Owner(s)
* Statement(s) of Difference in Value (if applicable)
* Attorney’s Certificate of Title and 5 Year History of Conveyance
* Report of the Commissioners (If acquisition by eminent domain)
 |

## Force Account Labor Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Employee Name | Hourly Cost (Wage + Benefits) | Hours Worked | Total Amount(Cost x Hours) |
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| Total (Transfer to appropriate line of Project Cost Summary Sheet)  | $ |

##

## Force Account Equipment Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Equipment Used | Description of Work Performed | Rate per Hr. or Mi. | Hours or Miles | Total Amount |
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| Total (Transfer to appropriate line of Project Cost Summary Sheet)  | $ |

## Force Account Materials Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Material Used | Description of Use | Quantity Used | Unit Price | Total Amount |
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| Total (Transfer to Project Cost Summary Sheet)  | $ |

## Volunteer Labor Record

To be completed by each volunteer that works more than 8 hours.

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Description of Work Performed | Hours Worked | Total Amount($9.00 x Hours) |
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| Total | $ |

I hereby certify that the description of work performed and hours are correct.

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

Signature of Volunteer

## Volunteer Labor Summary

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| --- | --- | --- | --- |
| Name of Volunteer or Crew Leader | Description of Work Performed | Hours Worked | Total Amount($9.00 x Hours) |
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| Total (Transfer to Project Cost Summary Sheet)  | $ |

## Donated Equipment Use Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Equipment Used | Description of Work Performed | Rate per Hr. or Mi. | Hours or Miles | Total Amount |
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| Total (Transfer to Project Cost Summary Sheet)  | $ |

**Closing Transaction Costs**

For land acquisition funded by the MN Environment and Natural Resources Trust Fund

(the first page of the grant agreement notes the source of the grant funds)

Note: these transaction costs are not eligible for reimbursement and cannot be used as part of the required matching contribution.

|  |  |  |
| --- | --- | --- |
| 700. **TOTAL SALES/BROKER’S COMMISSION based on price $ @ %=** | **Paid by Buyer****(Grantee)** | **Paid by Seller** |
| *Division of Commission (line 700) as follows:* |  |  |
| 701. $ to |  |  |
| 702. $ to |  |  |
| 703. Commission paid at Settlement |  |  |
| 704. |  |  |
| 800. **ITEMS PAYABLE IN CONNECTION WITH LOAN** |  |  |
| 801. Loan Origination Fee % |  |  |
| 802. Loan Discount % |  |  |
| 803. Appraisal Fee to |  |  |
| 804. Credit Report to |  |  |
| 805. Lender’s Inspection Fee |  |  |
| 806. Mortgage Insurance Application Fee to |  |  |
| 807. Assumption Fee |  |  |
| 808. |  |  |
| 900. **ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE** |
| 901. Interest from to @$ /day |  |  |
| 902. Mortgage Insurance Premium for months to |  |  |
| 903. Hazard Insurance Premium for years to |  |  |
| 904. years to |  |  |
| 905. |  |  |
| 1000. **RESERVES DEPOSITED WITH LENDER** |  |  |
| 1001. Hazard Insurance months @ $ per month |  |  |
| 1002. Mortgage insurance months @ $ per month |  |  |
| 1003. City property taxes months @ $ per month |  |  |
| 1004. County property taxes months @ $ per month |  |  |
| 1005. Annual assessments months @ $ per month |  |  |
| 1006. months @ $ per month |  |  |
| 1007. months @ $ per month |  |  |
| 1008. Aggregate Adjustment months @ $ per month |  |  |
| 1100. **TITLE CHARGES** |  |  |
| 1101. Settlement or closing fee to |  |  |
| 1102. Abstract or title search to |  |  |
| 1103. Title examination to |  |  |
| 1104. Title insurance binder to |  |  |
| 1105. Document preparation to |  |  |
| 1106. Notary fees to |  |  |
| 1107. Attorney’s fees to |  |  |
|  *(includes above items numbers; )* |  |  |
| 1108. Title Insurance to |  |  |
|  *(includes above items numbers; )* |  |  |
| 1109. Lender’s coverage $ |  |  |
| 1110. Owner’s coverage $ |  |  |
| 1111. |  |  |
| 1112. |  |  |
| 1113. |  |  |
| 1200. **GOVERNMENT RECORDING AND TRANSFER CHARGES** |
| 1201. Recording fees: Deed $ ; Mortgage $ ; Releases $ |  |  |
| 1202. City/county tax/stamps: Deed $ ; Mortgage $  |  |  |
| 1203. State tax/stamps: Deed $ ; Mortgage $ |  |  |
| 1204. |  |  |
| 1205. |  |  |
| 1300. **ADDITIONAL SETTLEMENT CHARGES** |  |  |
| 1301. Survey to |  |  |
| 1302. Pest inspection to |  |  |
| 1303. |  |  |
| 1304. |  |  |
| 1305. |  |  |
| 1400. **TOTAL SETTLEMENT CHARGES**  |  |  |

Adopted from US Department of Housing and Urban Development Form HUD-1

**Statement of Just Compensation**

Local Grants, Division of Parks & Recreation, MN Department of Natural Resources. This form is to be used by MN Local Units of Government [GRANTEEs] when using state or federal grant funds to acquire lands for public outdoor recreation and open space.

|  |
| --- |
| **Section A. Project Description** |
| Project Number | Project Title |
| Grantee (local unit of government) | Grantee’s Representative |
| Acres to be acquired | County where real property is located |
| Owners of the real property to be conveyed to Grantee: |
| **Section B: Legal Description**  |
| Must be attached and reviewed by both the Landowner and the Grantee before signature. |
| **Section C: Just Compensation (to be completed by Grantee)** |
| **Just Compensation** takes into account the location of the property, its highest and best use, and current sales of similar property. Any decrease or increase in the fair market value of real property prior to the date of valuation caused by the public improvement for which such property is acquired, or by the likelihood that the property would be acquired for such improvement, other than that due to physical deterioration within the reasonable control of the owner, will be disregarded in determining just compensation. |
| **Just compensation** as determined by the Grantee

|  |  |  |
| --- | --- | --- |
| Land and Improvements: | $ | Yes No Includes buildings, structures, or other improvements |
| Less damage to Remainder: | $ |
| Less/Plus Other: | $ |
| Total (**Just Compensation**): | $ |

 |
| **Section D: Fee Simple Title** |
| Check one of the following:

|  |  |
| --- | --- |
|  | Acquisition will be of fee simple title free of all liens, encumbrances, and restrictions and with no interests reserved by the Landowner. |
|  | Acquisition is subject to the following easements or restriction or interests or rights to be reserved by the Landowner (describe below). Any restriction below must be authorized, in writing, by the State. |

 |

**Statement of Just Compensation (continued)**

|  |
| --- |
| **Section E: Grantee’s Certification (to be completed by Grantee)** |
| 1. In compliance with the federal Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended, **Just Compensation** has been identified for the real property identified above.
2. The **Just Compensation** amount is based upon an appraisal prepared for the Grantee and is not less than the appraiser's opinion of fair market value that he/she determined after a personal inspection of the property.
3. The Landowners were given the opportunity to accompany the appraiser.
4. The Grantee is prepared to commence with negotiations for the purchase of this property.
5. The Grantee will ensure all occupants of the property are made aware of the potential relocation benefits.
6. The Grantee will pay all incidental costs associated with the acquisition, unless the Landowner(s) waives this requirement in writing.
7. This is not an offer to purchase.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Grantee’s Representative Date |
| **Section F: Landowner’s Certification (to be completed by the Landowner).** |
| 1. I was offered the opportunity to accompany the appraiser over the subject land.
2. I have received a copy of this **Statement of Just Compensation**form, fully reviewed it, and have been advised of my rights under *Title II and Title III, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Public Law 91-646*).
3. My signature below acknowledges receipt of this completed **Statement of Just Compensation**form and places me under no obligation.

LANDOWN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Landowner or Owner’s Legal Representative Date ER(S) SIGNATURES: |

# **Written Offer to Purchase**

Please complete one form for each parcel to be acquired. This form must be signed and dated by the Landowner(s) prior to the transfer of the property title to the Grantee.

Grantee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parcel Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landowner(s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Grantee submits to you an offer of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is at least the approved just compensation value of the referenced property and/or certain rights therein, disregarding any change in the before value of the property caused by the proposed parkland acquisition.

The various conditions upon which the Grantee’s appraisal of just compensation value are based within the appraisal itself. Also, attached is a legal description of the property and/or rights to be acquired.

Minnesota law also provides that the owner and/or occupants of property being acquired will be reimbursed for the actual cost of moving personal property and for certain incidental costs incurred by the property owner in transferring title to the Grantee as required by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended. The Grantee should have already advised you of the eligible relocation costs.

If you decide to accept the Grantee’s offer, the parcel will be acquired by direct purchase and you will be paid upon satisfactory evidence of a merchantable title.

This letter is furnished to inform you of your rights in this land acquisition. Signing this acknowledgement does not commit you to an acceptance of the offer.

I acknowledge receipt of this letter known as the Written Offer to Purchase.

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

Signature of Local Grantee or Representative Date

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Signature of Landowner(s) or Representative Date

# **Statement of Owner**

Please complete one form for each parcel to be acquired. This form must be signed and dated by the Landowner(s) prior to the transfer of the property title to the Grantee.

If the following statements are true and apply to you, put an X in the box:

Among the following statements, please answer only the one that applies to you:

 I have accepted an amount that equals the Just Compensation determined by the Grantee

 I have accepted an amount which is less than the Just Compensation determined by the Grantee, but I am satisfied that I will be receiving a fair price for my property and will provide a Statement of Difference in Value form.

 I have accepted an amount that is greater than the Just Compensation determined by the Grantee and will provide a Statement of Difference in Value form.

Signing this statement by the Landowner(s) does not constitute an acceptance of an offer to buy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee: If the landowner(s) has accepted an offer which is less or greater than the Just Compensation, he/she must also complete the Statement of Difference in Value form.

**Statement of Difference in Value**

Please complete this form for each parcel acquired for either more or less than the approved just compensation value. This form must be signed and dated by the Landowner(s) prior to the transfer of the property title to the Grantee.

The approved just compensation value should be an acceptable estimate of the property value. It cannot be assumed, however, to be an absolute statement of value. The negotiation between a willing seller and a willing buyer will often set a price that is higher or lower than the appraised valuation.

When the negotiated price differs from the approved just compensation value, the Landowner shall provide a detailed and well-documented statement of this difference. This statement should explain why the approved just compensation value may not reflect the true value and what steps were taken during negotiations took to establish the true value.

Within the following space, please write your Statement of Difference in Value as it relates to the above explanation.

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

Signature of Landowner(s) or Representative Date

**Attorney’s Certificate of Title/5 Year History of Conveyance**

The Attorney’s Certificate of Title and 5 year History of Conveyance form provides a description of the title for the property acquired by the Grantee. Please complete one form for each parcel acquired.

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify to the State of Minnesota that I have examined the title to the real estate described as shown by the records in the office of the Register of Deeds, Registrar of Titles, County Auditor, and County Treasurer and, as shown by said records, it is my opinion that the title to the following described tract: (use additional sheet if necessary):

\_\_\_\_\_\_ of Section \_\_\_\_\_\_\_, township \_\_\_\_\_\_\_ north, range \_\_\_\_\_\_\_ west, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, is at the date of this opinion in the following named local unit of government: If title is registered, so note and give the certificate number.

Local Unit of Government Nature of Interest Date Acquired Book/Page and/or Doc. No.

5-YEAR HISTORY OF CONVEYANCE

During the past 5 years, the title to said property was in the following named persons:

Name Nature of Interest Date Acquired Book/Page and/or Doc. No. Name of Spouse

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

Signature of Attorney Date

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Name of Attorney

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Address