

Minnesota Department of Natural Resources Outreach Grant Program
Report and Payment Request Form

PO #: <small>Found on grant contract signature page</small>	Grantee Organization: Grantee Address: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">I certify that I am the individual authorized to request funds; that all services rendered, materials purchased, and expenditures reported are in accordance with the contract agreement, and all original documentation is retained at our offices in the form of invoices, signed time records, and/ or canceled checks. <i>Copies</i> of these documents are attached as evidence of payment. An original signature or digital signature identity is required on this payment form.</div>
Grantee's payment reference/invoice #: <small>Optional, for grantee's personal records</small> _____ Work period: <small>Dates of services/goods received</small> From _____ To _____ Amount of request: \$ _____ Final request for funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	Printed name _____ Title _____ Phone _____ Signature _____ Date _____
Additional comments: _____ _____	

Reminder: Attach scanned *copies* of all invoices/receipts. Keep the originals and a copy of this completed form for your records.

For Department Use Only

FY: _____ Vendor Name: <small>(if different)</small> _____	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">I have reviewed the evidence provided by the recipient for the goods, materials and/or services presented and they are eligible for payment under the work program.</div> Payment approved in the amount of \$ _____ State authorized Rep's printed name _____ Signature _____ Date _____
Additional comments: _____ _____	

Contact Information

Grantee Organization name _____

Street address _____

City _____ State _____ Zip code _____

Contact name _____ Title _____

Email _____ Phone number _____

Report Type

Interim reports are optional and may be submitted by grantees who wish to receive partial reimbursement before their project is completed. Final reports are required for all grants.

- ☐ Interim report and payment request *(Optional)*
- ☐ Final report and payment request *(Required - Submit when your project ends or no later than July 30, 2023.)*

Payment Request

Please provide information based on **this** payment request only. Attach all required documentation for grant funds requested and match spent.

Total grant awarded	This request	Previous requests	Amount remaining
\$	\$	\$	\$

Grant-funded Budget	Brief description	Grant funds requested
Equipment/Tools/Supplies		\$
Personnel		\$
Curricula and materials		\$
Program fees		\$
Transportation and travel		\$
Contractors		\$
Additional budget items		\$
TOTAL		\$

Match Budget	Brief description	In-kind match	Cash match	Total spent
Equipment/Tools/Supplies				\$
Personnel/Volunteers				\$
Curricula and materials				\$
Program fees				\$
Transportation and travel				\$
Grant admin				\$
Contractors				\$
Additional budget items				\$
TOTALS				\$

Grant Report

Using the space available, provide the following:

1. **Brief description of work to date**, i.e., progress you've made, including problems encountered.

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2. **Project success/results**, i.e., were the project goals and objectives met?

3. **Specific measurable benefits**, i.e., number of participants, documented change in knowledge, skills or attitudes.

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4. **Next steps**, i.e., how will the program continue? How will equipment or materials be used in the future?
For interim reports, what steps remain to fulfill grant obligations?