

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 31, 2027.)*

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
\$	\$	\$	\$

If funding remains unused at the end of your project, please explain: _____

State-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.

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

5. **Demographic information (Optional)** Please provide the following information on participants.

How do participants describe their gender? *List as numbers.*

_____ Female _____ Male _____ Non-binary _____ Prefer not to answer _____ Prefer to self-identify:

How do participants describe their race and/or ethnicity? *List as numbers.*

_____ American Indian or Alaska Native _____ Asian or Asian American _____ Black or African American
_____ Hispanic or Latino _____ Middle Eastern or North African _____ Native Hawaiian or Pacific Islander
_____ White _____ Prefer not to answer _____ Prefer to self-identify:

**Minnesota Department of Natural Resources Outreach Grant Program
Payment Request Form**

Grantee Organization: _____	
<p>Work period: <i>Dates of goods/services received</i></p> <p>From ___/___/___</p> <p>To ___/___/___</p> <p>Amount of request: \$ _____</p> <p>Final request for funds? <input type="checkbox"/> Yes <i>This is our final report.</i> <input type="checkbox"/> No <i>This is an interim report.</i></p>	<p>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 of these documents are attached as evidence of payment. An original signature or digital signature identity is required on this payment form.</i></p> <p>Printed name _____</p> <p>Title _____ Phone _____</p> <p>Signature _____ Date _____</p>
Notes/Comments: _____	

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

For DNR Department Use Only:

<p>Received: _____</p> <p>PO #: _____</p> <p>Supplier ID: _____</p> <p>FY: _____</p> <p>Vendor Name: <i>If different from grantee listed above.</i></p> <p>_____</p> <p>_____</p> <p>Close PO \$ unused: _____</p> <p>Leave PO Open \$ remaining: _____</p>	<p>I have reviewed the grantee's report and evidence provided by the recipient for the goods, materials and/or services presented, and they are eligible for payment under the work program.</p> <p>Payment approved in the amount of \$ _____</p> <p>State authorized Rep's printed name _____</p> <p>Signature _____ Date _____</p>
Notes/Comments: _____	