



**State of Alaska Department of Transportation and Public
Facilities**

**Recreational Trails Program Grant Agreement
Grantee Performance Standards Final Assessment**

Organization Name: _____

Project Title: _____

Project Number: _____

Were project task(s) completed per the approved timeline schedule? Yes No

Did the grantee organization adhere to their approved scope of work and budget? Yes No

Did the grantee organization submit progress report and reimbursement by the deadlines outlined in the grant award? Yes No

Was the progress report detailed and include required photographs? Yes No

Was the reimbursement request and associated attachments correctly calculated, complete, and legible? Did the grantee organization respond timely, if more information was required? Yes No

Did the grantee organization submit their final progress report and reimbursement request by the Final Reporting deadline outlined in the grant award? Yes No

Additional Comments:



Overall Grantee Performance:

Acceptable – Low Risk

Grantee complied with all categories stated above.

Needs Improvement – Medium Risk

Grantee complied with some or most of the categories stated above, but did not comply with at least one or some of the categories. The grantee must take actions and provide proof they will perform better in future with future awards by indicating a plan of how grantee will meet categories for future projects (e.g. attend training, etc.)

Unacceptable – High Risk

Grantee complied with few or none of the categories stated above. Repeated offenses. The Grant Administration would not recommend working with grantee for future projects and it is not recommended that future applications be approved for grantee.

Assessment Completed By

Signature	Date
Printed Name:	
Title:	
Phone:	
Email Address:	dot.rtp@alaska.gov

Grants Section Manager Approval

Signature	Date
Printed Name:	
Title:	Program Manager
Phone:	(907) 223-4664
Email Address:	dot.rtp@alaska.gov