



## EXHIBIT A: PERFORMANCE CAPACITY

**Organization Name:** \_\_\_\_\_

**INSTRUCTIONS:** Respond to these performance capacity questions as required by Minnesota Statutes 16B.981 Subd. 2 (1) and as part of the response to this Grant Request for Proposal.

1. Describe your history of performing the work that will be funded by the grant or duties similar to those required. Include your organization's current and past staffing, current and past budget.

2. Have you been awarded a grant from the State of Minnesota in the past 5 years?

☐ No☐ Yes

3. If “yes”, provide the details of the award amount, the duties, and the outcomes of your grant.

Print Name

Signature

Title

Date