

**4-H Feeding Missouri/Drive to Feed Kids Mini-Grant Final Report**

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| **County:**  |  |
| **Name of Group Awarded Grant:** |  |
| **Name of Contact Person:** |  |
| **Contact Person Email:** |  |
| **County 4-H Youth Specialist or Youth Program Associate Name:** |  |
| **Number of Youth who Participated with the Project:** |  |
| **Number of Adults who Participated with the Project:** |  |
| **Total Number of Hours Worked on the Project:** |  |
| **Please list Expenses occurred, Gifts-in-kind, Community donations:** |  |

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| **Provide a brief description of your project/event.**  |  |
| **Provide a description of how you educated others about food insecurity.**  |  |
| **Please attached photos, news clippings, etc.**  |

Please email to Maria Calvert, calvertml@missouri.edu or mail to Maria Calvert 1110 S. College Ave. Columbia, MO. 65211. Final reports are due by May 31st.