

**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](mailto:calvertml@missouri.edu) or mail to Maria Calvert 1110 S. College Ave. Columbia, MO. 65211. Final reports are due by May 31st.