

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

|  |  |
| --- | --- |
| **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:** |  |

|  |  |
| --- | --- |
| **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 4hyouth@missouri.edu or mail to Missouri 4-H Feeding Missouri 305 Gentry Hall, Columbia, MO. 65211. Final reports are due by May 15.