**4-H Feeding Missouri/Drive to Feed Kids Match Grant Guidelines/Application**

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Through a partnership and a generous donation from Missouri Farmers Care, a matching grant is available. Proposals will be accepted from January 1 to March 31, for projects/events occurring between January 1 and April 30.

**Guidelines**

In order to be considered for a matching grant, proposals must:

1. Be submitted no later than March 31 by an organized 4-H entity, such as a county 4-H council, 4-H club, county 4-H foundation or county MU Extension council acting on behalf of the 4-H group. County 4-H partnership proposals are acceptable.
2. Involve 4-H members and adult volunteers and actively engage them in “learning by doing” through service-learning.
3. Projects and events must be youth-driven and related to the 4-H Feeding Missouri/Drive to Feed Kids Campaign.
4. Demonstrate receipt of matching funds or in-kind contributions. Grant monies must have at least 100% matching funds. For example, $100 grant request must show $100 in matching funds or in-kind contributions such as labor, materials, supplies, or donation.
5. Project/Event must occur between January 1 and April 30.
6. Include a plan to share your work with others (i.e., newspaper, social media, etc.). Describe how your group will recognize 4-H, MU Extension and Missouri Farmers Care.

**Budget**

This grant is a matching grant. This means your group is to provide the initial contribution totaling the amount you are requesting (no more than $250). Your initial contribution can include funds collected from fundraisers, cash donations, food donations, in-kind (volunteer hours), costs to host event related to project, etc. Matching funds can also be used to further your 4-H Feeding Missouri donation by donating to a local food pantry or bank; or used to offset expenses group occurred from hosting fundraising events/efforts.

**Deliverables**

A final report must be submitted by May 31. Items included in the final report will be:

1. Number of youth and adult volunteers working on the project and the total number of hours worked.
2. Expenses, gifts-in-kind, community donations
3. Include photos, news clippings and other materials with the report.

*Final reports will be emailed to* *calvertml@missouri.edu**, or mailed to Maria Calvert, 1110 S. College Ave. Columbia MO, 65211*

**4-H Feeding Missouri/Drive to Feed Kids Grant Application**

**Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **County:** |  | **Amount Requested:****(up to $250)** |  |
| **Name of group submitting application:** |  |
| **Name of contact person:** |  |
| **Contact Person Phone:** |  | **Contact Person Email:** |  |
| **Who to make check payable to:** |  |
| **Address to mail the check to:** |  |

**Project/Event Description:**

|  |  |
| --- | --- |
| **Project/Event Name:** |  |
| **Estimated # of 4-H Members/Clover Kids Involved** |  | **Date(s) of Project/Event** |  |
| **Brief Description of Project/Event (including who will benefit)** |
|  |
| **How will 4-H youth be involved?** |
|  |
| **Measurable Outcome:** |
|  |
| **Describe how you will educate your group and others about food insecurity.**  |
|  |
| **Describe how you will publicize the project:** (Newspapers, social media, etc.) |
|  |

**Project Budget:**

**What is your group’s contribution?**

|  |  |  |
| --- | --- | --- |
|  **Item Description**  | **Item Name** (Dollar Donation, Food Donation, In-Kind) | **Estimated Money Total\*** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **Total:**  |  |  |

*\*Feeding Missouri Meal Conversion: 1 pound of food equals 1.2 meals, 1 hour of 1 person volunteering equals 60 meals, $1 equals 10 meals*

|  |  |
| --- | --- |
| **Amount of match funds requested:**(Not to exceed $250) |  |

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| --- |
| **How will the matching funds you received be used?** (check all that apply and provide details) |
| * **Donation to food pantry or food bank.**

*Please indicate name of food pantry or food bank:* * **To help cover/offset expenses for project/event**

*Please give brief description of expenses occurred:** **Other**

*Please describe:* |

|  |  |
| --- | --- |
| **4-H Youth Specialist or Youth Program Associate Name\*:** |  |

**\****Youth specialist or Youth Program Associate will be notified when application is received.*

Completed Applications can be emailed or mailed to:

Maria Calvert

4-H Feeding Missouri

1110 S. College Ave.

Columbia, MO. 65211

calvertml@missouri.edu

Applications will be must be post-marked (mailed) or time-stamped (email) by March 31.