



Final Report Form Spring 2019 Grant

Due on or before August 1, 2019

Name: _____

Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone: _____ **Email:** _____

[] Please check here if the above has changed.

IMPORTANT: The period for documentation is January-June 2019. Please attach appropriate documentation showing how ALL the money was spent. You may over-document. Please include receipts for diapers if you received them with the 2018 Fall Grant (\$260.12).

Allocation

State Food Shelf Grant Amount	\$
Additional fruit, vegetable, protein amount	\$
Total state allocation	\$

Reporting

Amount spent on food: _____

(Attach copies of receipts/invoices. Make sure receipts for fruits, vegetables, and proteins total or exceed your additional fruit, vegetable, protein amount above.)

Amount spent on operation/office expenses: _____

(Attach copies of invoices)

Amount spent on salaries: _____

(Attach copies of time cards, mileage claims, etc.)

Please describe how this money helped your food shelf.

Signature

Title

Name (Please Print)

Phone

