

Final Report Form

COVID-19 2020-21 Grant

Due on or before July 16, 2021

Name:

Contact: _____

Address: _____

City: _____ **State:** _____

Zip: _____

Contact Phone: _____ **Email:** _____

☐ Please check here if the above has changed.

IMPORTANT: The period for documentation is April 14, 2020 - June 30, 2021. Please attach appropriate documentation showing how ALL the money was spent. You may over-document.

Allocation

State Food Shelf Grant Amount	\$
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Reporting

Amount spent on food: _____

(Attach copies of receipts/invoices.)

Amount spent on operation/office expenses: _____

(Attach copies of invoices. Can include hand sanitizer, boxes, PPE, items purchased to change distribution model, etc.)

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

Please return to:

Hunger Solutions Minnesota
c/o Joe Walker
555 Park Street Suite 400
St. Paul, MN 55103

By signing this final report, the above named food shelf agrees to use Minnesota Food Shelf Program funding in accordance with Federal, State & Local laws, rules & regulations and terms and conditions as required by Hunger Solutions Minnesota and the State of Minnesota:

1. Minnesota Food Shelf funding may be spent on any food shelf related expenses, including food, salaries and operation expenses.
1. Grantees receiving funds from the Minnesota Food Shelf Program must also deliver TEFAP and maintain compliance with the TEFAP Manual.
2. The food shelf will be monitored including:
 - a. Submission of a final report documenting how the state money was spent. The final report must include copies of receipts or invoices and the fronts and backs of cancelled checks.
 - a. **Hunger Solutions Minnesota may request funds or stop funding back if reports are by date specified.**
 - b. On-site visits by Hunger Solutions Minnesota and/or the Office of Economic Opportunity. The food shelf must address any corrective actions proposed by Hunger Solutions Minnesota or the Office of Economic Opportunity.
3. The food shelf is a non-profit tax exempt 501(c)(3) organization or is affiliated with another organization with tax exempt 501(c)(3) or 501(c)5 status. **Federal Tax ID#**

4. Food will be distributed to persons in need at no charge regardless of race, color, religion, creed, national origin, sex, marital status, status with regards to public assistance, membership or activity in a local commission, disability, sexual orientation, age or other criteria unrelated to need.
5. The food shelf will not be used to foster or advance religious or political views.
6. The food shelf has a stable address and provides direct service to individuals and families.
7. The food shelf will provide a minimum food order of at least two (2) days of food or six (6) pounds per person on a monthly basis as requested.
8. The food shelf will be accessible to people with a disability, or have a plan in place to serve disabled clients in compliance with the Americans with Disabilities Act (ADA).
9. The food shelf will make voter registration materials available to eligible clients.
10. The food shelf will make food support materials available to eligible clients.
11. The food shelf will be responsible for proper handling & safeguarding client information and will get required permission before sharing any personal information including names and addresses.
12. The food shelf will submit accurate service statistics to the food bank by the 10th of each following month or the date specified by your food bank partner.
13. The food shelf will repay funds if there is discrimination in service or if there is failure to comply with other terms and conditions of the contract.
14. All TEFAP related documents must be retained for 7 years.

Failure to abide by the terms of this contract will make the food shelf ineligible to receive state funds.

