



CARES ACT

**SFY 20-21 Transportation COVID-19 Grant
Final Grant Report**
Due on or before October 16, 2020

Agency Name: _____

Agency Contact Name : _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

IMPORTANT: The period for documentation is **April 13, 2020-September 30, 2020**. Receipts must be available upon request that equal grant amount and indicate what funds were used for. **Purchase of food was not allowed with this funding.**

Allocation _____

SFY 20-21 Transportation COVID-19 Grant. Total Amount	\$
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Amount spent on vehicle costs and/or, maintenance:

Other: _____



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Food Distribution Data (total for grant period, April 13, 2020-September 30, 2020)

How many pounds of food did you distribute? _____

How many individuals did you serve?

Children	Adults	Seniors	Total

Cities/Counties Served:

Please share any stories and/or anecdotes that describe the impact of this funding:

Signature

Title

Name (Please Print)

Phone

Please send report and documentation to:
Rachel Holmes, rholfmes@hungersolutions.org
Fax: (651) 486-9866
Hunger Solutions, Attn: Rachel Holmes
555 Park St. Ste 400
St. Paul, MN 55103