



SFY 20-21 Transportation Minnesota Food Shelf Program COVID-19 Grant Final Grant Report

Due on or before July 10, 2021

Agency Name: _____

Agency Contact Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

IMPORTANT: The period for documentation is **April 13, 2020-June 30, 2021**. Receipts must be available upon request that equal grant amount and indicate what funds were used for. You may over report.

Allocation

SFY 20-21 Transportation Minnesota Food Shelf Program COVID-19 Grant. Total Amount	\$ _____
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Amount spent on food: _____

Amount spent on vehicle costs and/or, maintenance: _____

Other: _____



Food Distribution Data (total for grant period, April 13– June 30, 2021)

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, rholmes@hungersolutions.org
Fax: (651) 486-9866
Hunger Solutions, Attn: Rachel Holmes
555 Park St. Ste 400
St. Paul, MN 55103