

## FOOD SECURITY FUND REPORTING TEMPLATE

| CONTACT INFORMATION                          |                    |  |
|--|--------------------|--|
|  |                    |  |
| Name of applicant                            | Date               |  |
| Organization                                 | Department         |  |
| Address                                      | Community          |  |
| Phone  | Email              |  |
| NAME OF THE INITIATIVE/TITLE (as stated      | n the application) |  |
|  |                    |  |
| DESCRIPTION OF THE INITIATIVE                |                    |  |
| Did your initiative meet its objectives? How |                    |  |
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| What went well? What would you improve?                                    |  |
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| Are you planning to continue this initiative in the future? Please explain |  |
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| Did you reach the target group? Please explain                             |  |
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| How many people did your initiative reach? How often? |  |  |  |  |
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| Who else was involved?                                |  |  |  |  |
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| Other comments or information about your initiative   |  |  |  |  |
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Note: Applicants are encouraged to provide pictures of their initiatives that may complement the report.

| USE OF THE FUNDING  |                  |              |  |  |
|---|------------------|--------------|--|--|
| Amount received   |                  | Amount spent |  |  |
|   |                  |              |  |  |
| How was the funding used?   |                  |              |  |  |
| now was the fanding asea.   |                  |              |  |  |
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|   |                  |              |  |  |
| Did you have other funding sources? (If yes, please specify whi     | ich ones & the ( | amounts)     |  |  |
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|   |                  |              |  |  |
| Please include a final budget description:  Description of Expenses |                  | Amounts      |  |  |
| Description of expenses   |                  | Amounts      |  |  |
|   |                  |              |  |  |
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|   |                  |              |  |  |
|   | TOTAL            |              |  |  |
|   |                  |              |  |  |
| SIGNATURE OF APPLICANT  |                  |              |  |  |
| ☐ The information presented above is accurate.                      |                  |              |  |  |
|   |                  |              |  |  |
| Signature of the applicant  |                  | Date         |  |  |