



Grant Report:
Healthy Meals, Healthy Minds
Grant Program



Family Caregiver Name: _____ **Date:** _____

Grant Report Expectations:

- If the applicant **purchases goods** and receives a receipt, the applicant is expected to keep the receipt and track expenses on this Grant Report form.
- If the applicant **receives services**, and a receipt or invoice is not provided, the applicant must track the date of service, type of service(s), and the total amount paid for services with SRGP grant funds on this Grant Report form.
- Applicants must keep the SRGP Grant Report and receipts for **3 years**.
- If the applicant is chosen for a random audit, this Grant Report form and receipts (if applicable) are expected to be **submitted to RCAW within 72 hours** of the audit request.

Please review the HMHM [Allowable Expenses Form](#) when completing your Grant Report.

- 1. Table 1:** Use this table to report purchases for **Healthy Meals** (Nutritious Meals as Respite).
- 2. Table 2 (see page 2):** Use to track any purchases for **Healthy Minds** (Mental Health & Wellness).

Table 1: Healthy Meals			
Purchase Date of Meal(s)	Type of Meal (circle one)	Fee:	Total Dollar Amount:
	Delivered Meal Kit or In-Home Prepared		
	Delivered Meal Kit or In-Home Prepared		
	Delivered Meal Kit or In-Home Prepared		
	Delivered Meal Kit or In-Home Prepared		
	Delivered Meal Kit or In-Home Prepared		

RCAW is not the service provider's employer, and this form is not an employment timesheet.

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***In Column 2, Table 2 – List the services or goods from the HMHM [Allowable Expenses Form](#): Mental health counseling (in-person or telehealth), Wellness classes such as yoga and meditation, Gym or community memberships, Self-help books, Weighted blankets, Light therapy, and Virtual subscriptions.

Table 2: Healthy Minds			
Purchase Date of Services or Goods:	Type of Services or Goods:	Fee for Services or Goods:	Total Dollar Amount:

Acknowledgment

By signing below, I attest that the purchases that were made, or services that have been rendered, were an allowable expense of the SRGP funds. Furthermore, by signing below, I agree to hold harmless and indemnify RCAW and any of its' representatives for any damages or liabilities it incurs arising from this agreement.

Applicant Signature: _____

Date: _____

Service Provider Signature: _____

Date: _____

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