# FollowUp Form

### Website

Has this report been posted on the PCF website?

Yes

# Pinellas CARES Nonprofit Partnership Fund

**Project Name\*** 

**ACT COVID-19** 

### **Priority Funding Areas**

Behavioral Health

#### **Unit of Service**

This will only be visible to Administrators and will enable question branching in the case that an organization has specified a unit-of-service cost.

### **Amount Awarded for Future Programming**

This is the amount your organization was awarded for spending during the grant period.

\$25,884.00

## Amount Spent - November 22 to 28, 2020\*

How much grant funding was spent during the period of this report? (November 22 to 28, 2020) \$5,250.00

### Amount Spent - through November 28, 2020\*

How much of the awarded funding has been spent from the time of grant award through **November 28, 2020?** \$5,250.00

### **Brief Spending Narrative\***

Please briefly explain the spending activities from November 22 to 28, 2020. If you have not expended any funds, please explain why.

**Example:** ABC Charity has only expended \$1,000 this week on program personnel while our food pantry was open. ABC Charity buys its food in bulk on the 15th of every month, and therefore there will be an uptick in expenditure that week.

ACT expended \$5,250 this week on the project. The expenditures were \$2,250 for payment to NVBH Therapeutic Intervention services, \$2,250 for BE THAT Empowerment services, and \$750 to Soul Media for communication and awareness services.

## **Behavioral Health Metrics**

### November 22 to 28, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between November 22 and 28, 2020 through this grant funding.

36

### November 22 to 28, 2020 - ZIP Codes of Individuals Served - Behavioral Health\*

Please SUCCINCTLY describe the ZIP codes of program services and program recipients (if recipient data is available). These numbers should add up to the number of total individuals served specified above.

#### FOLLOW THE EXAMPLE FORMAT EXACTLY.

ZIP CODE: Number served

#### **Example**

Group Therapy (Program Service ZIP Code)
33705: 15

Telehealth Counseling (Participant ZIP Codes)
33782: 5
33764: 3
33760: 8

(NVBH) Group Therapy (Program Service ZIP Code)- Total 24
33712: 5
33771: 6
33764: 4
33710: 5
33711: 2
33607: 2

BE THAT (Program Service ZIP Code) - Total 36

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33712:8
33771:7
33764: 4
33710:10
33711:3
33707:1
33705: 1
33607: 2
Art Classes (Program Service ZIP Code) - Total 36
33712:8
33771:7
33764: 4
33710:10
33711:3
33707:1
33705:1
33607: 2
```