

FollowUp Form

Pinellas CARES Nonprofit Partnership Fund

Project Name*

Boys & Girls Clubs of the Suncoast Mental Health Programming-Oren's Quest

Priority Funding Areas

Behavioral Health

Award Type

Installment

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

\$249,627.00

Amount Spent - September 27 to 30, 2020*

How much grant funding was spent between **September 27 to 30, 2020**?

\$0.00

Amount Spent - September 2020*

How much grant funding was spent during the **entire month of September 2020**?

\$0.00

Amount Spent - October 1 to 3, 2020*

How much grant funding was spent between **October 1 to 3, 2020**?

\$0.00

Amount Spent as of October 3, 2020*

How much of the awarded funding was spent **from project inception to October 3, 2020?**

\$0.00

Brief Spending Narrative*

Please briefly explain the spending activities from **September 27 to October 3, 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.

Boys & Girls Clubs of the Suncoast Mental Health Programming-Oren's Quest is currently holding staff training. We have not received an invoice from The Well for Life, but expect one in the next few weeks. Grant served a total of 20 employees during training and consultations. They were facilitated by The Well For Life organization for our mental health program. Our upcoming invoice from The Well For Life will include this week's training elements. Estimated cost are as follows: 20 employees or training per employee \$14.28 = Total of \$285.60.

Client Story*

Please give the true story of a client served this month by your programming. You may change identifying details. This allows us to connect to your programming on an emotional level.

During the week ending October 3rd expressive arts based wellness services were delivered at the Wood Valley club site. 26 club members were engaged in a wellness based group activity on the topic of social support. Social support is a well known factor of resiliency, and in communities of color it is historically, generationally and culturally linked to moving beyond survival to the creation of thriving neighborhoods, villages, cities, and districts. Intentional guidance around the recognition of the principles of unity and connection not only prepares members to face the present challenges of social distancing and shelter in place but also but also serves as cultural education and affirmation. Members responded positively to the art based activities and even those reluctant to turn off video games at the beginning of session were eager to engage by the end of session.

Behavioral Health Metrics

September 27 to 30, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between September 27 and 30, 2020 through this grant funding.

0

October 1 to 3, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between October 1 and 3, 2020 through this grant funding.

26

September Projections - Number Served - Behavioral Health

This was the number of individuals your organization projected it would serve in September 2020 through this grant funding.

36

September 2020 - Actual Total # Served - Behavioral Health*

Please specify how many individuals were given behavioral health services in September 2020 through this grant funding.

0

Measurement - Behavioral Health

This is the measurement that your organization specified it would use to measure progress through this grant.

Brief Resilient Coping Scale

September Projections - Progress Rate - Behavioral Health

This was the estimated progress rate from your application for **September 2020**. This was the projected improvement based on the Measurement from your application, viewable above.

85

September 2020 - Actual Progress Rate - Behavioral Health*

Please specify the ACTUAL progress rate for **September 2020 (in a percentage)** based on the measurement indicated in your original application.

0

September 27 to 30, 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

Counseling Session for Children:
33705: 0
33759: 0
34689: 0
33712: 0
33781: 0
33774: 0

October 1 to 3, 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)
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Telehealth Counseling (Participant ZIP Codes)
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33759: 26
34689: 0
33712: 0
33781: 0
33774: 0

Advanced Funds - Justification of Expenditures

Monthly Expense Reporting*

Please complete the Pinellas CARES Advanced Funds Monthly Expense Reporting worksheet, attach appropriate backup documentation, and upload as a PDF here.

If you have a regular reporting/invoicing process, you may use your own similar worksheet, however, for your convenience, we have provided a template you can **DOWNLOAD HERE**.

If you have any notes on this, please put them in the field below.

Pinellas-CARES-Advanced-Funds-Monthly-Expense-Reporting-Sept. 2020_.pdf
We have just received our first invoices. I attached the worksheet.

File Attachment Summary

Applicant File Uploads

- Pinellas-CARES-Advanced-Funds-Monthly-Expense-Reporting-Sept. 2020_.pdf

Pinellas Community Foundation

Pinellas CARES Nonprofit Partnership Fund Grant Reimbursement Request

Organization Name: Boys & Girls Clubs of the Suncoast

Month: September 2020

Budget Category/Line Item	Program Budget - Total	Cumulative expenses as of end of Prior Month	Current Month Reimbursement Request	Total Expended to Date
Personnel <i>(provide payroll registers, should include hours worked and rate per hour, and documentation to allocate payroll between CARES Act pay and regular pay)</i>	\$ -	\$ -	\$ -	\$ -
Equipment <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>			-	\$ -
Supplies <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>			-	\$ -
Occupancy <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>			-	\$ -
Local Travel <i>(for mileage use Mileage Reimbursement tab for other local travel expenses provide receipts and check stubs/credit card statements)</i>			-	\$ -
Training <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>			-	\$ -
Design, Printing, Marketing & Postage <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>			-	\$ -
Capital <i>(provide invoices/receipts and check stubs/credit card statement showing payment - for purchased over \$10,000 provide documentation of 3 quotes)</i>			-	\$ -
Purchased Services <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>			-	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

Advanced Funds

Funds advanced in September	\$ -
Funds advanced in October	-
Funds advanced in November	-
Funds advanced in December	-
Remaining Advanced Funds at the End of Month	<u>\$ -</u>

By signing the reimbursement request you affirm that expenses were to create new programs or expand programs that are necessary to address the COVID-19 pandemic.

Prepared By: _____

Reviewed By: _____