

FollowUp Form

Pinellas CARES Nonprofit Partnership Fund

Project Name*

COVID response to ensure the health and safety of frontline staff serving people with mental illness

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.

\$377,574.00

Amount Spent - October 11 to 17, 2020*

How much grant funding was spent during the period of this report? (**October 11 to 17, 2020**)

\$37,104.50

Amount Spent - through October 17, 2020*

How much of the awarded funding has been spent from the time of grant award through **October 17, 2020**?

\$97,004.50

Brief Spending Narrative*

Please briefly explain the spending activities from October 11 to 17, 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.

We have spent \$9,016.50 in PPE supplies including 20 Sneeze guards, 20 hand sanitizers stands, 14 wall mounted hand sanitizer machines and 55 cans of disinfectant spray. We have paid \$24,050 in hazard pay

(\$50 per day for direct services staff providing services and operational supports to people living in our RTF facilities) We have spent \$2,019.11 in salaries for staff providing administrative support for these funds.

Behavioral Health Metrics

October 11 to 17, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between October 11 and 17, 2020 through this grant funding.

75

October 11 to 17, 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

Residential Treatment services and supervision were provided to people with severe and persistent mental illnesses

33705: 13

33701: 13

33713: 9

33714: 14

33777: 12

33712: 14