

# FollowUp Form

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## *Website*

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Has this report been posted on the PCF website?

Yes

## *Pinellas CARES Nonprofit Partnership Fund*

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### **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 - November 15 to 21, 2020\***

How much grant funding was spent during the period of this report? (**November 15 to 21, 2020**)

\$11,519.11

### **Amount Spent - through November 21, 2020\***

How much of the awarded funding has been spent from the time of grant award through **November 21, 2020**?

\$225,483.78

### Brief Spending Narrative\*

Please briefly explain the spending activities from November 15 to 21, 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.

During the week of 11/15/2020 to 11/21/2020 we spent \$10,500.00 on hazard pay for the staff providing direct services including support and operations for Boley's residential treatment facilities. An additional \$2,019.11 in administrative support for the Pinellas Community Foundation grant was provided by administrative staff.

## Behavioral Health Metrics

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### November 15 to 21, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between November 15 and 21, 2020 through this grant funding.

82

### November 15 to 21, 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

Treatment and support services including counseling, crisis intervention, medication monitoring provided to the residents living in Boley's Residential Treatment Facilities:

33705: 12  
33701: 15  
33713: 10  
33714: 13  
33777: 16

33712: 16