

# 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.

\$429,174.00

### **Amount Spent - December 20 to 26, 2020\***

How much grant funding was spent during the period of this report? (**December 20 to 26, 2020**)

\$125,719.11

### **Amount Spent - through December 26, 2020\***

How much of the awarded funding has been spent from the time of grant award through **December 26, 2020**?

\$398,814.49

### Brief Spending Narrative\*

Please briefly explain the spending activities from December 20 to 26, 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.

In addition to hazard pay for direct service staff and direct administrative time spent on this grant, we purchased and installed UV air purifying systems in our facilities with central heat and air conditioning to help prevent the spread of covid 19 in our facilities.

### *Behavioral Health Metrics*

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#### December 20 to 26, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between December 20 and 26, 2020 through this grant funding.

256

#### December 20 to 26, 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 and UV air purifying systems to prevent the spread of COVID:

33705: 117

33701: 25

33713: 59

33714: 14

33777: 16

33712: 17  
33782: 8