

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Please do not submit your final December report until all supporting fiscal documentation has been collected and can be compiled for submission.

Project Name

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

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

\$429,174.00

Amount Spent - December 27 to 30, 2020*

How much grant funding was spent between **December 27 and 30, 2020**?

\$6,850.00

Amount Spent - December 2020*

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

\$204,401.00

Amount Spent as of December 30, 2020*

How much of the awarded funding was spent from project inception to December 30, 2020?

\$426,937.00

Brief Spending Narrative*

Please briefly explain the spending activities from **December 27 to December 30, 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.

\$6,850.00 was spent on hazard pay for staff providing direct services and support to the residents of our RTF's and housing programs.

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.

Burnez came to Boley with a diagnosis of Major Depression, a long history of hospitalizations and substance abuse issues. Burnez was the perfect example of being committed to recovery. Burnez showed staff that he was serious about his recovery. Burnez learned about his mental illness, diagnoses, and medications. He took his meds and developed positive coping and social skills. He developed the ability to monitor himself and report changes to his doctor. Burnez participated in groups and was committed to remaining drug and alcohol free by attending weekly NA and AA meetings. He tested negative on all drug tests. He took care of his weekly chores and maintained his personal grooming. Burnez assisted staff in preparing household meals weekly. In April 2020, Burnez was honored with the Consumer of the Month award for his outstanding recovery efforts. In 11/2020, Burnez moved into his own apartment in the community with the support of Boley's Supported Living Program..

Behavioral Health Metrics

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

Please specify the number of individuals that were given behavioral health services between **December 27 and 30, 2020** through your programming.

229

December Projections - Number Served - Behavioral Health

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

65

December 2020 - Actual Total # Served - Behavioral Health*

Please specify how many individuals were given behavioral health services through your funded programming in **December 2020**.

241

Measurement - Behavioral Health

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

Staff turnover rate

December Projections - Progress Rate - Behavioral Health

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

50

December 2020 - Actual Progress Rate - Behavioral Health*

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

100

December 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 for the week of December 27 to 30, 2020.**

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: 83
- 33701: 24
- 33713: 70
- 33714: 13
- 33777: 15
- 33712: 16
- 33782: 8

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 1220 signed.pdf

Does the above documentation contain live signatures?*

The accounting documentation above requires live signatures on the template in the "Prepared by" and "Reviewed by" lines. Please check that signatures are present, and affirm this by checking the box below.

Yes, there are live signatures in the documentation attached above.