

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

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

\$377,574.00

Amount Spent - September 27 to 30, 2020*

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

\$8,100.00

Amount Spent - September 2020*

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

\$53,650.00

Amount Spent - October 1 to 3, 2020*

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

\$6,250.00

Amount Spent as of October 3, 2020*

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

\$59,900.00

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.

Spending includes hazard pay of \$50 per day for direct care staff providing services and operational support to out residential treatment facilities serving people with severe and persistent mental illness. PPE has not been paid yet so is not reflected in numbers.

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.

Barbara is a 59 year old resident of M+M group home. She has a long history of being on drugs most of her adult years. She lost her mother & her brother sold their home which left her "homeless". When she entered the program she felt that she was at the end of her life due to all that she had gone through. She was concerned about coming to Boley due to Covid-19. She said she has never lost her desire to be an individual who prized herself on being clean which made her happy to be in a very cleaned house. She is very conscientious & determined to participate in the program. She volunteers to assist in the house when needed. She has begun to be independent by arranging for her own transportation needs. She has made a budget because of past difficulties in this area. Finally, she says "this is the beginning of the rest of my life and I do not plan to reverse back to my old ways because I found a place that cares, it is cleaned and I am looking forward to what life has to offer me!"

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.

75

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.

74

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.

65

September 2020 - Actual Total # Served - Behavioral Health*

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

87

Measurement - Behavioral Health

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

Staff turnover rate

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.

50

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.

75

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

Services to residents living in Residential Treatment Facilities
33705: 14
33701: 11
33713: 10
33714:14
33777: 12
33714: 14

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)
33705: 15

Telehealth Counseling (Participant ZIP Codes)
33782: 5
33764: 3
33760: 8

Services to residents living in Residential Treatment Facilities
33705: 13
33701: 11
33713: 10
33714: 14
33777: 12
33712:14

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 0920.pdf

File Attachment Summary

Applicant File Uploads

- Pinellas CARES 0920.pdf

Pinellas Community Foundation

Pinellas CARES Nonprofit Partnership Fund Grant Reimbursement Request

Organization Name: Boley Centers, Inc.

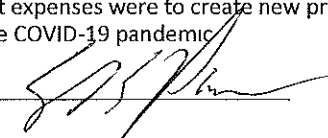
Month: September 2020

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>	\$ -	\$ -	\$ 39,350	\$ 39,350
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	\$ -	\$ -	\$ 39,350	\$ 39,350

Advanced Funds

Funds advanced in September	\$ 94,394
Funds advanced in October	-
Funds advanced in November	-
Funds advanced in December	-
Remaining Advanced Funds at the End of Month	<u>\$ (55,044)</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

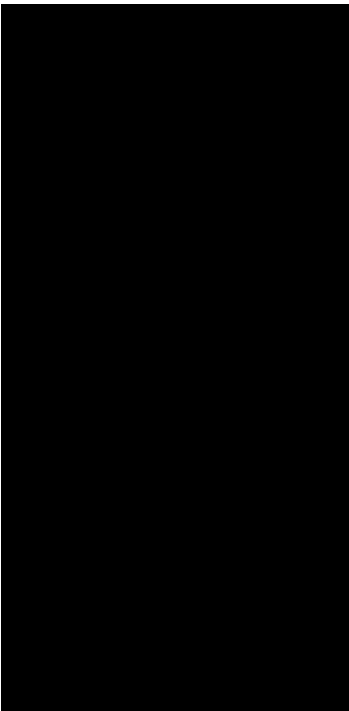
Prepared By: Shawn E Parker, Accounting Director 

Reviewed By: _____

Personnel Expenses

Employee	Payroll period	Salary	Hours Worked	Rate per Hour	Total
	9/3/20-9/9/20		3	50	150
	9/10/20-9/23/20		5	50	250
	9/3/20-9/9/20		5	50	250
	9/10/20-9/23/20		10	50	500
	9/3/20-9/9/20		5	50	250
	9/10/20-9/23/20		10	50	500
	9/3/20-9/9/20		6	50	300
	9/10/20-9/23/20		13	50	650
	9/3/20-9/9/20		2	50	100
	9/10/20-9/23/20		6	50	300
	9/3/20-9/9/20		2	50	100
	9/3/20-9/9/20		1	50	50
	9/10/20-9/23/20		6	50	300
	9/3/20-9/9/20		5	50	250
	9/10/20-9/23/20		10	50	500
	9/3/20-9/9/20		4	50	200
	9/10/20-9/23/20		10	50	500
	9/3/20-9/9/20		4	50	200
	9/10/20-9/23/20		8	50	400
	9/3/20-9/9/20		5	50	250
	9/10/20-9/23/20		11	50	550
	9/10/20-9/23/20		6	50	300
	9/3/20-9/9/20		5	50	250
	9/10/20-9/23/20		10	50	500
	9/3/20-9/9/20		5	50	250
	9/10/20-9/23/20		7	50	350
	9/3/20-9/9/20		5	50	250
	9/10/20-9/23/20		10	50	500
	9/3/20-9/9/20		4	50	200
	9/10/20-9/23/20		10	50	500
	9/3/20-9/9/20		4	50	200
	9/10/20-9/23/20		4	50	200
	9/3/20-9/9/20		4	50	200
	9/10/20-9/23/20		7	50	350
	9/3/20-9/9/20		5	50	250
	9/10/20-9/23/20		10	50	500
	9/3/20-9/9/20		5	50	250
	9/10/20-9/23/20		10	50	500
	9/3/20-9/9/20		2	50	100
	9/10/20-9/23/20		10	50	500
	9/3/20-9/9/20		5	50	250
	9/10/20-9/23/20		9	50	450
	9/10/20-9/23/20		3	50	150
	9/3/20-9/9/20		5	50	250
	9/10/20-9/23/20		9	50	450
	9/3/20-9/9/20		4	50	200
	9/10/20-9/23/20		9	50	450
	9/3/20-9/9/20		4	50	200
	9/10/20-9/23/20		10	50	500
	9/3/20-9/9/20		4	50	200

9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	3	50	150
9/10/20-9/23/20	6	50	300
9/3/20-9/9/20	2	50	100
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	5	50	250
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	11	50	550
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	4	50	200
9/3/20-9/9/20	2	50	100
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	4	50	200
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	10	50	500
9/10/20-9/23/20	2	50	100
9/3/20-9/9/20	2	50	100
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	3	50	150
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	5	50	250
9/10/20-9/23/20	10	50	500
9/10/20-9/23/20	1	50	50
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	5	50	250
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	3	50	150
9/10/20-9/23/20	8	50	400
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	8	50	400
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	8	50	400
9/3/20-9/9/20	7	50	350
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	5	50	250
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	4	50	200
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	9	50	450
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	9	50	450
9/10/20-9/23/20	6	50	300
9/3/20-9/9/20	5	50	250
9/10/20-9/23/20	14	50	700
9/3/20-9/9/20	6	50	300
9/10/20-9/23/20	8	50	400
9/3/20-9/9/20	7	50	350
9/10/20-9/23/20	10	50	500



9/3/20-9/9/20	2	50	100
9/10/20-9/23/20	5	50	250
9/3/20-9/9/20	3	50	150
9/10/20-9/23/20	5	50	250
9/3/20-9/9/20	5	50	250
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	5	50	250
9/10/20-9/23/20	12	50	600
9/10/20-9/23/20	3	50	150
9/3/20-9/9/20	5	50	250
9/10/20-9/23/20	8	50	400
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	5	50	250
9/10/20-9/23/20	10	50	500
9/3/20-9/9/20	4	50	200
9/10/20-9/23/20	8	50	400
9/3/20-9/9/20	3	50	150
9/10/20-9/23/20	8	50	400
			0

Payroll records containing personal information have been redacted and removed from this report. These records are on file at Pinellas Community Foundation.