

FollowUp Form

Pinellas CARES Nonprofit Partnership Fund

Project Name*

CASA Domestic Violence Services

Amount Awarded for Future Programming

This is the amount your organization was awarded for spending during the grant period.

\$40,241.00

Amount Spent - October 18 to 24, 2020*

How much grant funding was spent during the period of this report? **(October 18 to 24, 2020)**

\$0.00

Amount Spent - through October 24, 2020*

How much of the awarded funding has been spent from the time of grant award through **October 24, 2020?**

\$0.00

Brief Spending Narrative*

Please briefly explain the spending activities from October 18 to 24, 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 are waiting to spend until we have a fully executed agreement.

Behavioral Health Metrics

October 18 to 24, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between October 18 and 24, 2020 through this grant funding.

0

October 18 to 24, 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

n/a