CASA Domestic Violence Services

Pinellas CARES Nonprofit Partnership Fund

CASA (Community Action Stops Abuse) Inc.

Ms. Lariana Forsythe PO Box 414 Saint Petersburg, FL 33731-0414 lforsythe@casa-stpete.org 0: 727-895-4912

Dr. Jill Flansburg

PO Box 414 Saint Petersburg, FL 33731-0414

jflansburg@casa-stpete.org 0: 727-895-4912 x116

FollowUp Form

Pinellas CARES Nonprofit Partnership Fund

Project Name*

CASA Domestic Violence Services

Amount Awarded for Future Programming

\$40,241.00

Amount Spent - October 25 to 31, 2020*

How much grant funding was spent between **October 25 and 31, 2020**? \$0.00

Amount Spent - October 2020*

How much grant funding was spent during the **entire month of October 2020**? \$0.00

Amount Spent as of October 31, 2020*

How much of the awarded funding was spent from project inception to October 31, 2020? \$11,541.00

Brief Spending Narrative*

Please briefly explain the spending activities from **October 25 to October 31, 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.

This report includes documentation for the COVID-related expenses between March and September that were approved for payment. Spending has been outlined with CASA staff, and a request has been put in to ShowTech, our IT outsource, to give us bids on laptops and printers. There will be no October Zoom bill until mid-November.

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.

There was a single woman served who had previously been to the emergency shelter three times. During this most recent stay, she actively worked on the goals she set with her case manager and was approved to get rent assistance so she could move into her own apartment.

This story illustrates the national average indicating that it takes the average survivor 7 times to leave the abuse before they are successful in reaching independence. This can be confusing to the general public. However, sometimes it is safer for the victim to stay and to make a personal judgment as to when to leave because the abusers often go to extreme measures to make them stay with threats to keep them trapped, to hurt or kill them or kill the kids, that they will win custody of the children, they will harm or kill pets or others, they will ruin their victim financially -- the list goes on. Sometimes, too, the victim doesn't realize how bad it has gotten because they have tolerated it so well for so long.

Behavioral Health Metrics

October 25 to 31, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between **October 25 and 31, 2020** through this grant funding.

110

October Projections - Number Served - Behavioral Health

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

80

October 2020 - Actual Total # Served - Behavioral Health*

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

116

Measurement - Behavioral Health

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

Our best and most notable output is to provide safety planning for 98% of persons who reach out to us in crisis.

October Projections - Progress Rate - Behavioral Health

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

98

October 2020 - Actual Progress Rate - Behavioral Health*

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

92

October 25 to 31, 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 October 25 to 31, 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 33701:7 33702:8 33703: 2 33705:8 33707:1 33708: 2 33709:14 33710:2 33711:4 33712:5 33713:7 33714:5 33716:4 33731:3 33755: 3 33759:4 33760:8 33763:1 33764: 3 33765:5 33771:1 33772:3 33773: 2 33776:1 33777:4 33778: 2

33781: 6 33782: 1

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.

Oct2020 PCF CARES first invoice signed CASA.pdf

File Attachment Summary

Applicant File Uploads

• Oct2020 PCF CARES first invoice signed CASA.pdf

Pinellas Community Foundation

Pinellas CARES Nonprofit Partnership Fund Grant Reimbursement Request

Organization Name: __Community Action Stops Abuse, Inc. (CASA)_

Month: __Between March and 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 (provide payroll registers, should include hours worked and rate per hour, and documentation to allocate payroll between CARES Act pay and regular pay)	\$ -	\$ -	\$ -	\$ -	
Equipment (provide invoices/receipts and check stubs/credit card statement showing payment)				\$ -	
Supplies (provide invoices/receipts and check stubs/credit card statement showing payment)			-10	\$ -	
Occupancy (provide invoices/receipts and check stubs/credit card statement showing payment)				\$ -	
Local Travel (for mileage use Mileage Reimbursement tab for other local travel expenses provide receipts and check stubs/credit card statements)				\$ -	
Training (provide invoices/receipts and check stubs/credit card statement showing payment) Design, Printing, Iviarketing & Postage (provide			-	\$ -	
invoices/receipts and check stubs/credit card statement				\$ -	
Capital (provide invoices/receipts and check stubs/credit card statement showing payment - for purchased over \$10,000 provide documentation of 3 quotes)			10,909	\$ 10,909	
Purchased Services (provide invoices/receipts and check stubs/credit card statement showing payment)			632	\$ 632	
TOTAL	\$ -	\$ -	\$ 11,541	\$ 11,541	

Advanced Funds				
Funds advanced in September	\$	-		
Funds advanced in October		-		
Funds advanced in November		2		
Funds advanced in December		=		
Remaining Advanced Funds at the End of Month	\$	11,541		

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: Jill Flansburg

Prepared By: Jill Flansburg

Reviewed By:

Capital Expenses

Invoice Date	Invoice # Vendor	Amount
8/20/20	20 15041452 Total Air	\$10,909.00

\$10,909.00

Purchased Services Expenses

Invoice Date	Invoice #	Vendor	Amount
Mar thru Aug 2020	various	Zoom	\$631.51

\$631.51



Total Air, Inc. 3100 39th Avenue North St. Petersburg, FL 33714 727-822-7700

BILL TO Casa 1011 1st Avenue North St. Petersburg, FL 33705 USA

> INVOICE 15041452

INVOICE DATE Aug 20, 2020

JOB ADDRESS
Casa
1011 1st Avenue North
St. Petersburg, FL 33705 USA

Completed Date: 8/20/2020 Technician: Josh Whiteside

Technician: Nathan Rambally

DESCRIPTION OF WORK

- 1. Furnish and install one (1) 7.5ton 3-phase Daikin package unit.
- 2. Furnish and install one (1) 16kw electric heater.
- 3. Furnish and install one (1) roof curb adapter.
- 4. Furnish and install one (1) Fresh Air Damper.
- 5. Furnish and install one (1) digital thermostat.
- 6. Provide five (5) year factory compressor warranty.
- 7. Provide one (1) year labor warranty.
- 8. Perform start up procedures.
- 9. Includes crane service.
- 10. All required electrical code, including disconnect box, conduit and wiring.
- 11. Permit fees included.
- 12. All work performed to Local and State Building Code.
- 13. Contractor will perform it's work in a food and workmanlike manner.

Installed new Dalkin 7.5 ton rooftop unit on new curb adapter, installed new disconnect. Installed heater, and drain line. Started up system and everything is in perfect working condition. Customers very happy so she's looking into finding more money for us to do next unit.

TASK	DESCRIPTION	QTY	PRICE	TOTAL
Equipment - Install C	Equipment - Install C: Install		\$10,909.00	

POTENTIAL SAVINGS \$1,090.90

SUB-TOTAL \$10,909.00

TAX \$0.00

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Order#		

400-0354



P.O. Box 414, St. Petersburg, FL 33731 727-895-4912 Tax Exempt # <u>85-8012639704C-5</u>

Requested by: Iomeko Date: 8 20 2020 Please theck appropriate box and provide required back-up documents Purchased on: Wendor Account Master Card→ □ TIssue A Check → Due Date: Upon receipt Deposit or partial payment required Approved Total Cost: \$10,909 see reverse (must be completed) Contact: Vendor: Total Air (Company) Phone: Address: City, State, Zip: ☐ Mail to vendor or Options ☐ Pick up at Admin by whom:_____ (must notify A/P prior) ☐ Special instructions: Approvals Approved by: Approval Date: Up to \$400.00 Coordinator/Manager \$400.01 - \$1500 Department Director \$1500.01 - \$2000 Financial Officer \$2000.01-\$10,000 or more Chief Executive \$10,000.01 or more Board Officer FISCAL OFFICE USE ONLY

_____/ Final Department Cost: \$

Project Code:

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Fiscal II Rcv'd on:

Invoice Total: \$

Accounting Code:

01-57310-10-100-100

revised 9/29/2018

Amount:

\$10,909



Zoom Video Communications Inc. 55 Almaden Blvd, 6th Floor San Jose, CA 95113 billing@zoom.us

Purchase Order #:

TaxExemptCertificateID:

Zoom W-9

Invoice Date:

03/13/2020 INV/f1865400 Duetlipon Receipt 03/15/2020 51987781 USD

Invoice Date:
Invoice #:
Invoice #:
Payment Terms:
Due Date:
Account Number
Currency:
Account Information:

Community Action Stops Abuse, Inc. PO-Bbx 414, St. Referaburg, Florida 33731 Unite# States

mforey@casa-stpete.org

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Charge Description	Service Renod	Suitotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 1 Unit Price: \$14.99	03/16/2020-04/15/2020	\$14.99	\$0.00	\$14.99
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INVOICE TOTALS		
	Subtotal:	\$14.99
	Total (including Tax):	\$14,99
	Invoice Balance:	\$0.00

TAX DETAILS Charge Name Tax Name Jurisdiction	Charge Amount	Tax Amount
	Total Tax	\$0.00

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Order#				
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P.O. Box 414, St. Petersburg, FL 33731

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City, State, Zip:					
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Fiscal II Rcv'd on:

revised 9/29/2018

Zoom Video Communications Inc. 55 Almaden Bivd, 6th Floor San Jose, CA 95113 billing@zoom.us

Invoice Date: 04/16/2020 Involce #: Payment Terms: Due Date;

INV15769749

Account Number Currency: Account Information:

INV16769749
Due Upon Receipt
04/16/2020
51987781
USD
Community Action Stops Abuse, Inc.
PO Box 414,
St. Petersburg, Florida 33731
United States

mforey@casa-stpete.org

Purchase Order #:

TaxExemptCertificateID:

Zoom W-9

CH	ARGE DETAILS			
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99	04/18/2020-05/15/2020	\$149.90	\$0.00	\$149.90

INVOICE TOTALS	en e	
	Subtotal;	\$149.90
	Total (including Tax):	\$149.90
	Involce Balance:	\$0,00

TAX DETAILS		
Charge Name Tax Name Jurisdiction	Charge Amount	Tax Amount
	Total Tax	\$0.00

Invoice Total Transaction	Transaction Number	Transaction Type	Description.	\$149.90 Applied
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			Invoice Balance	\$0.00

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Fiscal II Rov'd on:

revised 9/29/2018



Zoom Video Communications Inc. 55 Almaden Blvd, 6th Floor San Jose, CA 95113 billing@zoom.us

Involce Date: 05#6/2020 Involce #: INV20791317 Payment Terms: Due Upon Rec Due Upon Receipt 05/f6/2020 51987781 Due Date: Account Number

Currency: Account Information: USD

Community Action Stops Abuse, Inc. POBox 414, St. Petersburg, Florida 33731 United States

mforey@casa-stpete.org

Purchase Order #:

TaxExemptCertificateID:

Zoom W-9

	HARGE DETAILS			
Charge Description	Service Period	Subtotal	Tax "	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14,99	05/16/2020-06/15/2020	\$ 149.90	\$0.00	\$149.90
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	Subtotal:	\$149.90
	Total (Including Tax):	\$149,90
	Invoice Balance:	\$0,00

TAX DETAILS		
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	Total Tax	\$0.00

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			invoice Balance	\$0.00

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Zoom Video Communications Inc. 55 Almaden Blvd, 6th Floor San Jose, CA 95113 billing@zoom.us

Involce Date; Involce #; Payment Terms; Due Date; Account Number Currency; Account Information;

06/16/2020 INV26113202 Due Upon Receipt 06/16/2020 5/987781 USD Community Action Stops Alase, Inc. PO Box 414, St. Petersburg, Florida 3373 United States

mforey@casa-stpete.org

Purchase Order #:

TaxExemptCertificate(D):

Zoom W-9

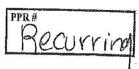
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16/2020-07/15/2020	\$149.90	\$0.00	\$149.90
	Service Period	Service Period Subtotal	Service Perlod Subtotal Tax

INVOICE TOTALS		
	Bubtotal:	\$149.90
	Total (Including Tax):	\$149.90
	invoice Balance:	\$0.00

TAX DETAILS Charge: Name Jurisdiction	Charge	
	Total Tax	\$0.00

Invoice Total				\$449.90
Transaction Date	Trensaction Number	Transaction Type	Description	Applied Amount
06/16/2020	P-27550172	Payment		(\$149.90)
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Requested by: 🔼		D Opriate box and provide required back-up doc	ate: 0/ 1/2020
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	oved by:	Approvals Signature:	Approval Date:
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revised 9/29/2018



Zoom Video Communications Inc. 55 Almaden Blvd, 6th Floor San Jose, CA 95113 billing@zoom.us

Invoice Date: 07/16/2020 involce #: Payment Terms: Due Date: Account Number

Account Information:

Currency:

INV31246180 Due Upon Receipt 07/16/2020 61987781 USD

Community Action Stops Abuse, Inc. PO Box 414, St. Petersburg, Florida 33731 United States

mforey@casa-stpete.org

Purchase Order Number:

TaxExemptCertifloste(D:

Zoom W-9

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Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14,99	07/16/2020-08/15/2020	\$149.90	\$16.92	\$166,82

INVOICE TOTALS		
	Gubtotal:	\$149.90
· ·	Total (Including Tax):	\$166,82
	invoice Balance;	\$0.00

Charge Name	TAX DETAILS Tax Name	Jurisalction	Charge	N 10X
Standard Pro Monthly	Statutory Gross Receipts NFR (Business)	State	\$149,90	\$0.22
Standard Pro Monthly	Communications Service Tex NFR	City	\$149.90	\$9.32
Standard Pro Monthly	Communications Service Tax NFR	State	\$149.90	\$7.38
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		Due Date:			
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