

# 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\***

Pinellas Eviction Diversion Program

### **Priority Funding Areas**

Eviction Mitigation through Legal Aid

### **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.

\$240,000.00

### **Amount Spent - October 4 to 10, 2020\***

How much grant funding was spent during the period of this report? (**October 4 to 10, 2020**)

\$0.00

### **Amount Spent - through October 10, 2020\***

How much of the awarded funding has been spent from the time of grant award through **October 10, 2020**?

\$6,913.34

### Brief Spending Narrative\*

Please briefly explain the spending activities from October 4 to 10, 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.

Community Law Program has not processed payroll or the final website billing, yet. Those will be processed in the next few weeks, where we will see an uptick in expenditures.

## *Eviction Mitigation through Legal Aid*

### October 4 to 10, 2020 - Individuals Served - Eviction Mitigation\*

Please specify the number of individuals that were given legal aid services for eviction mitigation between October 4 and 10, 2020 through this grant funding.

17

### October 4 to 10, 2020 - ZIP Codes of Individuals Served - Eviction Mitigation\*

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**

Legal Clinic (Program Service ZIP Code)  
33705: 15

Zoom Meditation Session w/Client (Participant ZIP Codes)  
33782: 5  
33764: 3  
33760: 8

- 34677: 1
- 33770: 2
- 33712: 3
- 33705: 2
- 33701: 2
- 33711: 1
- 33778: 1
- 33714: 1
- 33756: 1
- 33710: 1

33759: 1  
N/A : 1