

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

Parasol of Hope

Priority Funding Areas

Behavioral Health

Award Type

Reimbursement for Future Programming

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

\$21,752.95

Amount Spent - November 29 to 30, 2020*

How much grant funding was spent between **November 29 and 30, 2020**?

\$0.00

Amount Spent - November 2020*

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

\$910.93

Amount Spent - December 1 to 5, 2020*

How much grant funding was spent between **December 1 and 5, 2020**?

\$0.00

Amount Spent as of December 5, 2020*

How much of the awarded funding was spent from project inception to December 5, 2020?

\$0.00

Brief Spending Narrative*

Please briefly explain the spending activities from **November 29 to December 5, 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.

Caring For Girls has not spent any monies between November 29 to December 5. Therapists have been providing behavioral health services but have not submitted any invoices at this time. Each therapist has been notified in regards to the December 30th deadline and was encouraged to submit an invoice by December 17th.

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.

The therapist completed a zoom session with a client on 11/30. The client presented with high anxieties. The client reported she has been struggling with past relationships with her sister and more currently her live-in ex-boyfriend. She admitted to being struggling with anxieties for nearly 10 years but never received professional help. Since services are free to her for now she wanted to give it a try. The therapist completed an OQ survey and the results show that the client is having some difficulties in Interpersonal Relations (IR) as she scored an 11. The therapist provided her with an opportunity to share any information and provided her with feedback. The therapist provided psychoeducation on high-stress levels. The therapist listened and provided ideas for improving her communication skills which allow her to share her feelings in a non-threatening manner and coping techniques to manage her stress.

Behavioral Health Metrics

November 29 to 30, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between **November 29 and 30, 2020** through this funded programming.

2

December 1 to 5, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between **December 1 and 5, 2020** through this funded programming.

22

November Projections - Number Served - Behavioral Health

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

25

November 2020 - Actual Total # Served - Behavioral Health*

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

19

Measurement - Behavioral Health

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

Outcome Questionnaire -45.2 (OQ)

November Projections - Progress Rate - Behavioral Health

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

90

November 2020 - Actual Progress Rate - Behavioral Health*

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

0

November 29 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 November**

29 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

Group Therapy
33711: 0

Telehealth Counseling
33705:1
33711:1Therapist

December 1 to 5, 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 December 1 to 5, 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

Group Therapy
33711: 8

Telehealth Counseling:
33711: 8 33705: 2
33712: 2 34748: 7
33713: 3

Cost Reimbursement Basis - Justification of Expenditures

Monthly Reimbursement Request*

Please complete the Pinellas CARES Reimbursement Request 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 document, please put them in the field below.

November Monthly Report.pdf

The system is using the original numbers and it does not reflect this report. Under advisement, a new narrative was submitted. I decreased the number of participants being served and resubmitted new numbers to reflect a shorter time period.

Does the documentation above 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.