

# Celebrate Outreach Kitchen Capital Improvements

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*Pinellas CARES Nonprofit Partnership Fund*

## ***Celebrate Outreach***

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Mr. Reginald Craig  
100 Mirror Lake Dr N  
Saint Petersburg, FL 33701

O: 727-631-1031

## ***Ms Sabine von Aulock***

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6001 3rd Ave. S.  
St. Petersburg, FL 33707

sabinevaulock@gmail.com  
O: 973-768-3256  
M: 973-768-3256

# FollowUp Form

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## *Website*

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Has this report been posted on the PCF website?

## *Pinellas CARES Nonprofit Partnership Fund*

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### **Project Name\***

Celebrate Outreach Kitchen Capital Improvements

### **Priority Funding Areas**

Food

### **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**

\$33,888.54

### **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**?

\$0.00



### December 1 to 5, 2020 - Individuals Served - Food\*

Please specify the number of individuals that were served food by your organization between **December 1 and 5, 2020** through this grant funding.

150

### November 2020 Projections - Food

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

765

### November 2020 - Actual Total # Served - Food\*

Please specify how many individuals were served food by your organization in **November 2020** through this grant funding.

865

### November 29 to 30 - ZIP Codes of Individuals Served - Food\*

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

Food Distribution Site at Tropicana Field (Program Service ZIP Code)  
33705: 700

Home-Delivered Meals at Recipients' Homes (Participant ZIP Codes)  
33782: 5  
33764: 3  
33760: 8

Meals served at Praise the Lord Outreach Ministries Sunday night dinner  
33701: 90

### December 1 to 5 - ZIP Codes of Individuals Served - Food\*

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**FOLLOW THE EXAMPLE FORMAT EXACTLY.**

**ZIP CODE: Number served**

**Example**

Food Distribution Site at Tropicana Field (Program Service ZIP Code)  
33705: 700

Home-Delivered Meals at Recipients' Homes (Participant ZIP Codes)  
33782: 5  
33764: 3  
33760: 8

Meals served at Unitarian Universalist Church of St. Petersburg (Friday Night Picnic) and Praise the Lord Outreach Ministries (Saturday Morning Breakfast)  
33701:150

## *Cost Reimbursement Basis - Justification of Expenditures*

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### 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.

[Redacted content]

**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.

# File Attachment Summary

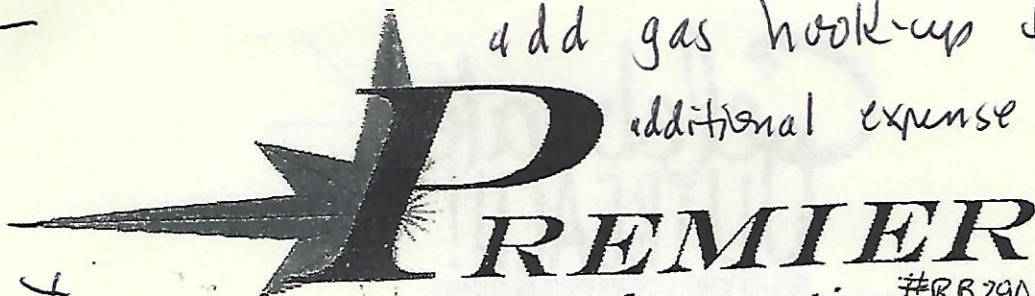
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## *Applicant File Uploads*

- CO 1st Reimbursement Request.pdf

add gas hook-up to line 7.

additional expense - call TECO



Remodeling and Restoration #RB29003279

CELEBRATE CFB

OUTREACH

PHONE 727 657-5975 DATE Nov. 18, 2020

decent faucet - goose neck

NAME ~~Mission Del~~ ADDRESS 900 South MLK BLVD. CITY/ZIP St. Petersburg, FL.

Remodel Existing Kitchen! ① Demo certain walls & prepare for construction. ② Relocate AIR HANDLER and DUCTWORK ③ Install and/or repair necessary sheetrock ④ Furnish & install required cabinets ⑤ Install new flooring throughout ⑥ Paint throughout ⑦ Repair and/or replace required lighting ⑧ Includes necessary plumbing, electric & Disposal ⑨ Purchase and install the following - Commercial stove and Hood; 3-Bin sink;

top sink →

- ~~2nd Draw - complete 1, 2 & 3 - \$5,000~~
- # 8 is \$4,200.00 \* 2nd Draw - complete 1, 2 & 3 - \$5,000
- 3rd Draw - complete 4, 5, & 6 - \$5,000
- 4th Draw - complete 7 & 8 - \$5,000
- 5th Draw - essentially complete - \$5,000
- Final payment - Totally Complete - 3,000

\*\* GUARANTEED completion by Dec. 30, 2020 CFBear

allowance for equipment;

Includes Drawing for reference only Dated 11/18/2020

GVA 12/1/20

equipment add-in;

hand sink grease trap; (C.O. will buy)

Work to be done in a workmanlike manner and in compliance with state and local codes for the sum of Twenty-Six Thousand Five Hundred and No/1000 Dollars (\$26,500.00).

Deposit (Due at signed contract) \$ 3,500.00 First Draw (Due at \* see above)

\$ 3,000.00 Balance due on completion of all work \$ Final payment In event of litigation or arbitration and Contractor prevails, he is entitled to recover attorney's fees.

According to Florida's Construction Lien Law (Sections 713.001-713.37, FL Statutes), those who work on your property or provide materials or services and are not paid in full have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor or subcontractor fails to pay a subcontractor or material supplier, those people who are owed money may look to your property for payment and may place a lien on your property. If a lien is filed, your property could be sold against your will to satisfy said lien. To protect yourself you should get written lien waivers from any contractor or subcontractor who might be in a position to file a lien, before you pay them.

Construction Industries Recovery Fund Payment may be available from this fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida Law by a State Licensed Contractor. 1940 N. Monroe St. Tallahassee, FL 32399 #(850) 487-1395 For claim.

Respectfully Submitted

This proposal is valid for 30 days from the date above.

By CFBear

Acceptance: You are hereby authorized to perform the work outlined in this proposal, furnishing all materials and labor. For which I/ we agree to pay the amount of the proposal according to the terms.

By Sabine von Aulak Date: 12/1/20

12/1/20 Approved or Revised CFBear

\$30,074 services

53,800

21,500

7300

Equip 3,814.54

balance \$3,574

5888.54

dep 2574



**Pinellas Community Foundation**  
**Pinellas CARES Nonprofit Partnership Fund Grant Reimbursement Request**

Organization Name: Celebrate Outreach Inc.

Month: December 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 (i.e. timesheet) and rate per hour, and documentation to allocate payroll between CARES Act pay and regular pay)</i>		\$ -	\$ 700	\$ 700
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>	15,000	-	-	\$ -
<b>TOTAL</b>	<b>\$ 15,000</b>	<b>\$ -</b>	<b>\$ 700</b>	<b>\$ 700</b>

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: Sabine von Aulock

Date: 1/14/21

Reviewed By: [Signature]

Date: 1/14/21

Premiers 1st Invoice

Kitchen Remodel - 1st Pay Request  
 900 MLK Jr. S.  
 St. Petersburg, FL 33701

Date	Item	Rate	# Hours Worked	Charge	Eligible	Credit	Misc.	Balance
12/3/20	Deposit					3,500.00		3,500.00
12/4/20	Labor - Lorne Harshay	\$20/hour	30	600.00				
12/4/20	Labor - Ed Miller	\$100/day		100.00				
Total				700.00				

Note: Lorne Harshay worked:  
           12/03/2020 \$20/hour 10 hours  
           12/04/2020 \$20/hour 10 hours  
           12/05/2020 \$20/hour 10 hours

Ed Miller is a guest who worked 1 day with Lorne

Kitchen Remodel  
900 MLK Jr So.  
St. Pete

Date 2020	Item	Charge	Credit	Misc.	Balance
			3500.00		3500.00
* 12/3	Deposit				
* 12/4	Labor - Lorne Harshay 30 HRS	600.00			
12/4	Labor - Cash - Ed (Cash)	100.00			
12/8	Insurance			177.67	
* 12/7	Labor - Lorne Harshay 10 HRS	200.00			
12/7	HD - Materials	40.89			
12/7	We Haul It.	225.00			
12/14	HD (Home Depot)	70.49			
12/14	HD	42.22			
* 12/10	Labor - Lorne Harshay 20 HRS	400.00			
12/11	HD	122.55			
12/14	HD	120.64			
* 12/15	Labor - Lorne Harshay 10 HRS	200.00			
12/18	Jameil Ranning (Contractor Fee)	1000.00			
12/15	HD	67.53			
	Sub-totals	3189.32	3500.00	177.67	3500.00
12/21	HD	75.93			
12/22	HD	109.83			
	Total Spent to date		<u>\$3442.92</u>		
12/28	1st Draw		3500.00		7000.00
12/24	HD	77.62			
* 12/26	Lorne Harshay 6.25 HRS	125.00			
* 12/29	Lorne Harshay 37.5 HRS	750.00			
* 12/31	Lorne Harshay 41.75 HRS	835.00			
12/31	HD	350.65			
12/31	HD	85.14			
1/8	Perfect Weather - Heat & A/C	6420.00			
12/31	Sub-totals	12,018.49	7,000.00	177.67	7,000.00
* 1/9	LORNE HARSHAY - Rate of PAY		\$20.00/HR		
1/9	Lorne Harshay <sup>St. Pete</sup> Kitchen 37.5 HRS	750.00			



# Statement of Account

Last statement: November 30, 2020  
 This statement: December 31, 2020  
 Total days in statement period: 31

Page 1 of 2

Direct inquiries to: 0  
 800-334-9007

008296 033181 000001/000002 000000

165

CELEBRATE OUTREACH INC  
 OPERATING  
 100 MIRROR LAKE DR N  
 ST PETERSBURG FL 33701

## Summary of Account Balance

Account	Number	Ending Balance
Non-Profit Checking		\$18,061.26

### Non-Profit Checking Account Number 100-890-038-1

Beginning balance	9,389.80	Low balance	3,127.05
Deposits/Credits	18,509.21	Average balance	10,482.23
Withdrawals/Debits	9,837.75	Average collected balance	9,721.00
Ending balance	18,061.26		

### Checks

Number	Date	Amount
1130	12-07	2,717.75
1133 *	12-04	3,500.00
1134	12-28	75.00

Number	Date	Amount
1135	12-30	3,500.00

\* Skip in check sequence

### Other Debits

Date	Transaction Type	Description	Amount
12-02	Preauthorized Wd	Constantcontact	45.00

### Deposits/Other Credits

Date	Transaction Type	Description	Amount
12-10	Deposit		8,472.14
12-22	Deposit		400.00
12-23	Deposit		110.00
12-28	Deposit		675.00
12-30	Deposit		50.00
12-30	Deposit		5,480.00
12-31	Preauthorized Credit	Pavpal Transfer	2,822.07
12-31	Deposit		500.00

check to Charlie

charlie