

# 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\***

Changing the Game for a New Generation / Project I.A.M.

### **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**

\$42,383.00

### **Amount Spent - November 29 to 30, 2020\***

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

\$2,596.00

### **Amount Spent - November 2020\***

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

\$10,631.00

### Amount Spent - December 1 to 5, 2020\*

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

\$3,365.00

### Amount Spent as of December 5, 2020\*

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

\$13,996.00

### 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.

The first week of December we spent \$250 on social workers, \$600 on mental health counselors, \$400 on the director and learning coaches, \$1131 on the artists, \$100 on the life coach, \$180 on cybersecurity training and set up for laptops and tablets, \$100 on our financial accounting person, and \$165 on our medical doctor for COVID discussion and analysis of participants. We also spent \$439 dollars on the software we needed to complete our zoom and video activities and security for the laptops and tablets we loaned to the participants. The total money expended for this time period was \$3365.00.

### 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.

Selected Testimonial:

I am grateful for a chance to say how much this program has meant to me and my family. Covid had made a big impact on us. Since the outbreak, I have been more stressed than usual and I did not realize how much the stress was affecting my husband and children. We started the discussions with Project I.A.M. and I heard my husband and kids speak about how they were worried about me getting COVID and dying. I did not realize they were worried. Finding this program was really good for us. The program loaned us tablets so we could participate. Cooking classes, breathing exercises, journaling classes, and the food was a great help. We have been struggling and it really helped us make ends meet and learn some new techniques for cooking and working together in the kitchen. Finally, I even got to talk to one of the counselors privately away from my kids and husband, this opportunity was refreshing! I realize I am not crazy and that a lot of people feel like me. Thanks

## ***Behavioral Health Metrics***

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### **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.

72

### **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.

72

### **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.

50

### **November 2020 - Actual Total # Served - Behavioral Health\***

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

72

### **Measurement - Behavioral Health**

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

Beck Anxiety Inventory (BAI)

### **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.

50

### **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.

30

### 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 Counseling/Therapy

33712: 44

33711: 12

33701: 2

33714: 8

33705: 3

33778: 3

### 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**

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Group Counseling/Therapy  
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33711: 12  
33701: 2  
33714: 8  
33705: 3  
33778: 3

## *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.

Nov ctg grant report.pdf

### **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.