

# 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*

Please do not submit your final December report until all supporting fiscal documentation has been collected and can be compiled for submission.

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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 - December 27 to 30, 2020\***

How much grant funding was spent between **December 27 and 30, 2020**?

\$6,902.00

### Amount Spent - December 2020\*

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

\$15,253.00

### Amount Spent as of December 30, 2020\*

How much of the awarded funding was spent from project inception to December 30, 2020?

\$42,383.00

### Brief Spending Narrative\*

Please briefly explain the spending activities from **December 27 to December 30, 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.

During the last week of our program, we expended \$400 on our mental health workers, \$250 on our social workers, \$1477 on our expressive artists, \$700 on our presenters and student assistants. We spent \$750 on equipment, \$2000 on family bonding activities, and \$1325 on supplies.

### 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.

Client: Just a few lines to let you know how much I appreciated the Holiday Stressing You Out. On how to deal with the relief from Covid-19. These past 8 months have been very trying for a lot of people and my self as well. The different sessions were very helpful. Not to mention the dance and other avenues of anxiety reduction. I would like to thank you and whole heartily appreciate what you brought to the community. Please try to keep it up. Once again thank you. This 3-week family project was dynamic and engaging for all its participants. Each presenter and artist brought their unique talent to entertain as well as educate. Although the focus centered around reducing anxiety, this curriculum touched on so much more. Each session was presented in a manner that developed on the previous offering, dance, music, health and nutrition which help to support critical life skills. This program was great for me and my kids. It also helped me recognize their anxiety and address it at home

## ***Behavioral Health Metrics***

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### **December 27 to 30, 2020 - Individuals Served - Behavioral Health\***

Please specify the number of individuals that were given behavioral health services between **December 27 and 30, 2020** through your programming.

50

### **December Projections - Number Served - Behavioral Health**

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

50

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

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

48

### **Measurement - Behavioral Health**

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

Beck Anxiety Inventory (BAI)

### **December Projections - Progress Rate - Behavioral Health**

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

70

### **December 2020 - Actual Progress Rate - Behavioral Health\***

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

70

### **December 27 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 the week of December 27 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

33712: 28  
33711: 12  
33714: 8

***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.

Monthly Reimbursement Request Project I.A.M..pdf

Procedures for financial controls:

Contractors submit invoices to CTG and they are reviewed by the VP Dr. S. Johnson. Dr. Johnson confirms the invoice and then forwards them to Dr. S. Rosado for processing. Dr. Rosado inputs the payment into the system and then, the President of CTG, Dr. S. LeGrande authorizes final payment for the contractors. Vendors have been assigned numbers 1-30 and these numbers are used to track their payments. Equipment and Supplies Purchases: Our equipment and supplies purchases were based on our projected needs for the project. Format for supporting documents: The supplies, occupancy, and equipment expenses are presented in order and they have a page number listed to the right of them to show where the supporting documents are for the individual invoice. The pages have also been numbered in this category to assist with the organization of the final documentation. These page numbers are on the Excel file to show where items can be located.

**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.

## *Final Survey*

We would like your feedback on the CARES experience. Please complete the following anonymous survey:

<https://www.surveymonkey.com/r/DCF7RN>

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I have completed this survey