

# 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\***

Cross & Anvil Human Services- COVID-19 Behavioral Health Interventions

### **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**

\$68,792.00

### **Amount Spent - October 25 to 31, 2020\***

How much grant funding was spent between **October 25 and 31, 2020**?

\$0.00

### **Amount Spent - October 2020\***

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

\$1,500.00

## Amount Spent as of October 31, 2020\*

How much of the awarded funding was spent from project inception to October 31, 2020?

\$1,500.00

## Brief Spending Narrative\*

Please briefly explain the spending activities from **October 25 to October 31, 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.

Cross and Anvil Behavioral and Mental Health Interventions had services rendered for PCF funding in the month of October. Vendor agreed to provide services which, they did and bill the contractor afterwards (Signature Events Florida) has not received payment for services already rendered. The date of billing is 11/2/2020.

## 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.

Mary, is a 72 year old African American female who has been greatly affected by Covid 19 requirements of social distancing. She had been experiencing severe isolation given that her job ended and her ability to engage in normal activities decreased dramatically due to Covid 19. She had not yet discovered ways of connecting significantly to others and found that the group has helped her with weekly connections.

## *Behavioral Health Metrics*

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### October 25 to 31, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between **October 25 and 31, 2020** through this grant funding.

24

### October Projections - Number Served - Behavioral Health

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

50

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

Please specify how many individuals were given behavioral health services in **October 2020** through this grant funding.

28

### Measurement - Behavioral Health

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

The Perceived Stress Scale (PSS)

### October Projections - Progress Rate - Behavioral Health

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

75

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

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

0

### October 25 to 31, 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 October 25 to 31, 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

33705: 20  
33712: 4

## *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.

Pinellas Cares Monthly Report - October (1)xxx.PDF

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

There are no current progress rates because counseling did not begin until 10/15/20. A progress rate is not due until around 11/15/20.

Back up documentation to be emailed to Brandy Baldwin.