

# 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

### **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**

This is the amount your organization was awarded for spending during the grant period.

\$68,792.00

### **Amount Spent - November 1 to 7, 2020\***

How much grant funding was spent during the period of this report? (**November 1 to 7, 2020**)

\$1,426.00

### **Amount Spent - through November 7, 2020\***

How much of the awarded funding has been spent from the time of grant award through **November 7, 2020**?

\$2,926.00

## Brief Spending Narrative\*

Please briefly explain the spending activities from November 1 to 7, 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 Cross and Anvil Mental Health Project has expended 2926.00 for the week of 11/1 thru 11/7. This figure includes equipment, supplies, and design. I have reported this figure on the October monthly report.

## *Behavioral Health Metrics*

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### November 1 to 7, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between November 1 and 7, 2020 through this grant funding.

8

### November 1 to 7, 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.**

**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 telehealth Counseling:  
33705: 8