

# 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\***

Lawrence Dimmitt IV Mental Health First Aid Training Initiative

### **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**

\$1,061,937.80

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

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

\$24,246.46

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

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

\$213,612.01

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

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

\$213,612.01

## 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.

Expenditures were incurred this week for staff and community training and also for computer equipment.

## 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.

I really liked this virtual training. Mrs. April did an amazing job. Virtual training is challenging and her expertise and communication skills were great and very important for delivering this training. April brought very good examples, provided enough opportunities for the attendees to participate, and used our experience to support and add new elements to the discussion. She was able to engage and inspire us with her experiences and observations. I was able to engage and follow her during the full training. I have been using the ALGEE with my clients, and always check with them to assess and explore the signs and symptoms of their state of mind. With social distancing and the virtual sessions it is difficult to explore and provide the support that our clients need, but the Mental Health First Aid training helps to identify some of these challenges. Thank you for providing this training!

## *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.

0

### 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.

1000

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

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

10

### Measurement - Behavioral Health

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

Mental Health First Aid (MHFA) 10 question pre-posttest

### 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.

100

### 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.

1

### 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

Mental Health First Aid (participant zip codes)

NA

## *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.

Directions for Living October 2020 Report.pdf

Attached is the October report and all invoices. Proof of payment will be uploaded soon.