

# FollowUp Form

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## *Website*

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Has this report been posted on the PCF website?

## *Introductory Questions*

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Have you completed the anonymous survey about your experience with this CARES grant process?\*

Yes

Do you have expenses to report for 12/31/20 to 1/31/21 under your CARES grant?\*

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

### **Amount Awarded for Future Programming**

\$1,061,937.80

### Amount Spent - December 31, 2020 to January 31, 2021\*

How much grant funding was spent **between December 31, 2020 and January 31, 2021?**

\$191,859.00

### Amount Spent as of January 31, 2021\*

How much of the awarded funding was spent from project inception to January 31, 2021?

\$1,150,031.00

### Brief Spending Narrative\*

Please briefly explain the spending activities from **December 31, 2020 to January 31, 2021**. If you have not expended any funds, please return to the top of this report and indicate so.

**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.

DFL continued with expenses for program and admin personnel.

### 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.

NA

## *Behavioral Health Metrics*

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### December 31, 2020 to January 31, 2021 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between **December 31, 2020 to January 31, 2021** through your programming.

0

### 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

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

Please specify the ACTUAL progress rate for January 2021 (in a percentage) based on the Measurement indicated in your original application.

0

## December 31, 2020 to January 31, 2021 - 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 time between December 31, 2020 to January 31, 2021.

**FOLLOW THE EXAMPLE FORMAT EXACTLY, INCLUDING THE COLON.**

**ZIP CODE: Number served**

### **Example**

Group Therapy (Program Service ZIP Code)

33705: 15

Telehealth Counseling (Participant ZIP Codes)

33782: 5

33764: 3

33760: 8

NA

## *Cost Reimbursement Basis - Justification of Expenditures*

### **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.

January 2021 Invoice and supporting doc\_Redacted.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.