

# FollowUp Form

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## *Website*

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Has this report been posted on the PCF website?

## *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 - February 1, 2021 to February 28, 2021\*

How much grant funding was spent **between February 1, 2021 and February 28, 2021?**

\$50,088.00

### Amount Spent as of February 28, 2021\*

How much of the awarded funding was spent from project inception to February 28, 2021?

\$1,180,346.00

### Brief Spending Narrative\*

Please briefly explain the spending activities from **February 1, 2021 to February 28, 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 expanded \$33,788 on personnel, \$7,134.79 on equipment, \$9,000.00 on training and \$164.90 on marketing and design.

### 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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### February 1 to February 28, 2021 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between **February 1 and February 28, 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

### February 2021 - 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

### February 1 to February 28, 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 February 1 and February 28, 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*

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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.

Revised February Invoice.pdf NA

### **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.