

FollowUp Form

Pinellas CARES Nonprofit Partnership Fund

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 - September 27 to 30, 2020*

How much grant funding was spent between **September 27 to 30, 2020**?

\$0.00

Amount Spent - September 2020*

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

\$0.00

Amount Spent - October 1 to 3, 2020*

How much grant funding was spent between **October 1 to 3, 2020**?

\$0.00

Amount Spent as of October 3, 2020*

How much of the awarded funding was spent **from project inception to October 3, 2020**?

\$0.00

Brief Spending Narrative*

Please briefly explain the spending activities from **September 27 to October 3, 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.

Directions For Living has placed orders for equipment and services totaling \$137,395.11 as of today, October 8. Beginning on October 6 and as of today we have been invoiced for \$33,029.37. These invoices along with any other invoices received will be shown on our next report. Equipment is being ordered and services are being scheduled each day relating to this grant.

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.

We do not have a client story at this time. We anticipate having a client story next month.

Behavioral Health Metrics

September 27 to 30, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between September 27 and 30, 2020 through this grant funding.

0

October 1 to 3, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between October 1 and 3, 2020 through this grant funding.

0

September Projections - Number Served - Behavioral Health

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

0

September 2020 - Actual Total # Served - Behavioral Health*

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

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

September Projections - Progress Rate - Behavioral Health

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

0

September 2020 - Actual Progress Rate - Behavioral Health*

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

0

September 27 to 30, 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

n/a

October 1 to 3, 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

n/a

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.

n/a