

# 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\***

FEAST Capacity Expansion During COVID19

### **Priority Funding Areas**

Food

### **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**

\$43,042.00

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

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

\$14,945.63

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

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

\$24,474.97

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

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

\$29,005.33

## 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.

We spent \$4,760.27 on food from Aldi's, Save a Lot, and Borden Dairy for our clients. We also purchased 3 refrigerators from KaTom at a cost of \$10,185.36 to store food for our clients.

## 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.

Our client, Jason, is new to our pantry. He lost his job in outside sales during the pandemic and was having difficulty making ends meet for his family. He reluctantly came to us in need of food for his family of 4. He repeatedly stated he has never had to use a food pantry and had actually donated to one in his home state. He said that the assistance we were providing to him was very helpful in his time of need. He also mentioned wanting to become a donor when he finds new employment.

## Food Metrics

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### October 25 to 31, 2020 - Individuals Served - Food\*

Please specify the number of individuals that were served food between October 25 and 31, 2020 through this grant funding.

572

### October 2020 Projections - Food

This is the number of individuals your organization projected it would serve in **October 2020** through this grant funding.

3008

### October 2020 - Actual Total # Served - Food\*

Please specify how many individuals were served food in **October 2020** through this grant funding.

2553

### October 25 to 31 - ZIP Codes of Individuals Served - Food\*

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

Food Distribution Site at Tropicana Field (Program Service ZIP Code)  
33705: 700

Home-Delivered Meals at Recipients' Homes (Participant ZIP Codes)  
33782: 5  
33764: 3  
33760: 8

Food Distribution at FEAST Food Pantry  
34683: 572

## *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.

Request for Reimbursement Scan October.pdf