

# 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*

Please do not submit your final December report until all supporting fiscal documentation has been collected and can be compiled for submission.

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### **Project Name**

Community Response and Recovery

### **Priority Funding Areas**

Food

### **Award Type**

Installment

### **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**

\$58,616.93

### **Amount Spent - December 27 to 30, 2020\***

How much grant funding was spent between **December 27 and 30, 2020?**

\$1,743.59

### Amount Spent - December 2020\*

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

\$14,887.19

### Amount Spent as of December 30, 2020\*

How much of the awarded funding was spent from project inception to December 30, 2020?

\$56,903.12

### Brief Spending Narrative\*

Please briefly explain the spending activities from **December 27 to December 30, 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.

For the final week of December we expended funding in personnel, supplies and training.

### 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.

The month of December brought blessings and empowerment to the forefront of the Florida Dream Center team. In one instance a homeless gentleman frequented our emergent walk-up location on a weekly basis for food and cold weather clothing. Our initial impact personnel who manages these walk-ins identified with this gentleman and spoke to him often. A relationship was built and communication gaps were bridged to the point of second level case management. Our staff was able to get the individual into a detox center and later a program that would allow for support during critical moment of personal growth. The individual is looking forward to working and living out his new version of life with hope and empowerment.

## Food Metrics

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### December 27 to 30, 2020 - Individuals Served - Food\*

Please specify the number of individuals that were served food between **December 27 and 30, 2020** through this grant funding.

1500

## December Projections - Food

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

21104

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

Please specify how many individuals were served food through this funded programming in **December 2020**.

41385

## December 27 to 30 - 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 December 27 to 30, 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

I am assuming this was meant to be the 12/27 - 12/30 zip code section. (The screen states 10/25 - 10/31)  
33714 - 500  
34688 - 400  
33713 - 300  
34689 - 300

## *Advanced Funds - Justification of Expenditures*

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### Monthly Expense Reporting\*

Please complete the Pinellas CARES Advanced Funds Monthly Expense Reporting 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, please put them in the field below.

December Monthly Reporting.pdf

### Does the above documentation 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.

## *Final Survey*

We would like your feedback on the CARES experience. Please complete the following anonymous survey:

<https://www.surveymonkey.com/r/DCFW7RN>

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I have completed this survey