

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

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

\$56,939.12

Amount Spent - September 27 to 30, 2020*

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

\$2,209.67

Amount Spent - September 2020*

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

\$7,132.54

Amount Spent - October 1 to 3, 2020*

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

\$1,260.29

Amount Spent as of October 3, 2020*

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

\$8,392.83

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.

FLDC expended \$7,132.54 on personnel, supplies, occupancy, printing, and purchased service costs.

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.

FLDC has a senior female stop at one of our Saturday Adopt-a-Block sites and inform staff that she had recently been released from the hospital after testing positive for COVID-19. She was supposed to be self-quarantined however had no one to help her get food. We promptly followed CDC guidelines by removing her from the social distanced line and set her up on our delivery list so she could still receive food. In addition, our case manager reached out to her and was able to give her some additional assistance and bathroom aid to help her. There are many senior citizens living alone in our area that do not have a support system. Our program is available to these individuals as they navigate through this pandemic.

Food Metrics

Please read this section's instructions carefully.

For easy reference, below are the reported numbers of individuals served from your previous weekly reports during the month of September. Please sum these numbers together with the reported number of individuals served between September 27 and 30, 2020.

September 1 to 5, 2020 - Individuals Served - Food

September 6 to 12, 2020 - Individuals Served - Food

6000

September 13 to 19, 2020 - Individuals Served - Food

6000

September 20 to 26, 2020 - Individuals Served - Food

5990

September 27 to 30, 2020 - Individuals Served - Food*

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

3145

September 2020 - Actual Total # Served - Food*

Please verify the numbers above for correctness. Then please sum the numbers above from your previous reports, and add the individuals served **food** through this funding for the dates of September 27 to 30, 2020. This is your total for how many individuals were served food in **September 2020** through this grant funding.

21135

September 2020 Projections - Food

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

21104

October 1 to 3, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food between October 1 and 3, 2020 through this grant funding. **Do NOT include this number in your sum total above of the number of individuals served for September.**

3145

September 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.**

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

33771 - 1976
33756 - 1169

October 1 to 3 - 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.**

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

33760 - 500
33764 - 400
33714 - 350
33702 - 500
33709 - 225
33743 - 125
37781 - 300
34688 - 400
34689 - 345

Advanced Funds - Justification of Expenditures

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.

2020 September Monthly Reporting.pdf