

# 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\***

Youth Making Economic Impacts-Communities Overcoming Virus that's Impacting Developments-BHC

### **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**

\$19,182.08

### **Amount Spent - November 29 to 30, 2020\***

How much grant funding was spent between **November 29 and 30, 2020**?

\$0.00

### **Amount Spent - November 2020\***

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

\$4,084.10

### Amount Spent - December 1 to 5, 2020\*

How much grant funding was spent between **December 1 and 5, 2020**?

\$3,630.00

### Amount Spent as of December 5, 2020\*

How much of the awarded funding was spent from project inception to December 5, 2020?

\$15,888.71

### Brief Spending Narrative\*

Please briefly explain the spending activities from **November 29 to December 5, 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.

At present, the total amount expended from November 29, 2020 to December 5, 2020 is \$3,630. This amount was allocated from Purchased Services line item, and itemized as follow:

\$2,250-Atilol Consulting Solutions Project Coordination and Oversight for November 2020

\$180-Bretojas LLC- IT Tech for Behavioral Health Chats (3) in November 2020

\$1,200-FulCort LLC- LCSW Services-Facilitation of Behavioral Chat Sessions November 2020

The remaining balance to be expended (\$3,293.37), is also allocated from the Purchased Services line item.

### 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.

Of the (19) youth participants of the Youth Making Economic Impacts-Communities Overcoming a Virus that's Impacting Developments (YMEI-COVID) Project-Behavioral Health Component (BHC), (1) participant PSS score decreased by 9, (2) participants PSS score decreased by 3, and (2) participants PSS score decreased by 1. This indicates the Behavioral Health Sessions appear to have a positive effect and creating positive outcomes for numerous youth participants. For youth participants whose scores did not decrease, one on one individual follow ups have been and continue to be scheduled.

## *Behavioral Health Metrics*

### November 29 to 30, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between **November 29 and 30, 2020** through this funded programming.

18

### December 1 to 5, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between **December 1 and 5, 2020** through this funded programming.

0

### November Projections - Number Served - Behavioral Health

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

19

### November 2020 - Actual Total # Served - Behavioral Health\*

Please specify how many individuals were given behavioral health services through this funded programming in **November 2020**.

17

### Measurement - Behavioral Health

This is the measurement that your organization specified it would use to measure progress through this grant.

The Perceived Stress Scale (PSS)

### November Projections - Progress Rate - Behavioral Health

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

100

### November 2020 - Actual Progress Rate - Behavioral Health\*

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

21

### November 29 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 for November**

**29 to 30, 2020.**

**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

Behavioral Health Chat Session 11-29-20 (Participant Zip Codes)  
33701: 1  
33704: 1  
33705: 3  
33711: 2  
33712: 7  
33756: 1  
33781: 1  
34683: 1  
34684: 1

**December 1 to 5, 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 for December 1 to 5, 2020.**

**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

None

## *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.

Monthly Reimb. Docs for Nov..pdf

Please correct November Projections-Percentage Rate-Behavioral Health section on Report. The correct percentage rate is 70%, not 100%.

(1) youth participant withdrew from the Project on 11-29-20, due to consistent schedule conflicts, decreasing total youth project participants to 18.

MOUs and W 9 forms for Consultants (Atilol Consulting Solutions, FulCort LLC, and Bretojas LLC), under the Purchased Services are also attached. Also included is a Summary Report from FulCort LLC on the behavioral health sessions facilitated by the (LSCW), which provides (2) PSS Assessment results for the month of November.