

# 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\***

GLS Eviction Mitigation Project 2020

### **Priority Funding Areas**

Eviction Mitigation through Legal Aid

### **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**

This is the amount your organization was awarded for spending during the grant period.

\$45,212.00

### **Amount Spent - November 15 to 21, 2020\***

How much grant funding was spent during the period of this report? (**November 15 to 21, 2020**)

\$716.92

### **Amount Spent - through November 21, 2020\***

How much of the awarded funding has been spent from the time of grant award through **November 21, 2020**?

\$8,531.49

## Brief Spending Narrative\*

Please briefly explain the spending activities from November 15 to 21, 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.

Last week was lighter in direct service work as staff rotated out on PTO in preparation for the holiday week this week. Staff continued working with clients on current cases and reviewed success stories to send to funders. The Grants Manager reviewed the outreach campaign and finalized the last pieces of grant marketing for the public.

## *Eviction Mitigation through Legal Aid*

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### November 15 to 21, 2020 - Individuals Served - Eviction Mitigation\*

Please specify the number of individuals that were given legal aid services for eviction mitigation between November 15 and 21, 2020 through this grant funding.

15

### November 15 to 21, 2020 - ZIP Codes of Individuals Served - Eviction Mitigation\*

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**

Legal Clinic (Program Service ZIP Code)

33705: 15

Zoom Meditation Session w/Client (Participant ZIP Codes)

33782: 5

33764: 3

33760: 8

Direct Legal Service

33709: 7

33777: 1

33711: 1

34683: 1

33782: 1

33707: 1

34689: 1

33781:2