

FollowUp Form

Pinellas CARES Nonprofit Partnership Fund

Project Name*

GLS Eviction Mitigation Project 2020

Priority Funding Areas

Eviction Mitigation through Legal Aid

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

\$45,212.00

Amount Spent - September 27 to 30, 2020*

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

\$0.00

Amount Spent - September 2020*

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

\$0.00

Amount Spent - October 1 to 3, 2020*

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

\$0.00

Amount Spent as of October 3, 2020*

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

\$0.00

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.

GLS did not expend any funds as we waited for the contract to be finalized and for our new fiscal year to begin on 10/1.

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.

N/A

Eviction Mitigation through Legal Aid

September 27 to 30, 2020 - Individuals Served - Eviction Mitigation*

Please specify the number of individuals that were given legal aid services for eviction mitigation between September 27 and 30, 2020 through this grant funding.

0

October 1 to 3, 2020 - Individuals Served - Eviction Mitigation*

Please specify the number of individuals that were given legal aid services for eviction mitigation between October 1 and 3, 2020 through this grant funding.

0

September Projections - Eviction Mitigation

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

5

September Projections - Percentage of Eviction Actions Resolved

This was the number of evictions actions your organization projected it would resolve to allow residents to remain in their homes in September 2020 through this grant funding.

20

September 2020 - Actual Total # Served - Eviction Mitigation*

Please specify how many individuals were given legal aid services for eviction mitigation through your programming in **September 2020** through this grant funding.

0

September 2020 - Actual % Eviction Actions Resolved*

Please specify the percentage of eviction actions that **were resolved** to allow residents to remain in their homes in **September 2020** through this grant funding.

0

September 27 to 30, 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 for the days from September 27 to 30, 2020.**

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

N/A

October 1 to 3, 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 from October 1**

to 3, 2020.

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
N/A

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.

N/A