

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

The Ridgecrest Healthy Food Initiative

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

\$35,649.00

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**?

\$14,365.04

Amount Spent - December 1 to 5, 2020*

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

\$0.00

Amount Spent as of December 5, 2020*

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

\$14,365.04

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.

We expended all funds for our Thanksgiving Food Giveaway and distributed said food before November 29th, and we have not yet begun purchases for our Winter Holiday bags but will start next week.

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.

*Shelia is an amazing example of a single parent. She has 3 boys, including one with special needs and her time is dedicated to making life better for her them, doing all she can to ensure they get everything they need to be healthy and successful. Shelia was an EMT in New York City during 9/11, and receives disability payments for the health issues which stem from her service during that time. Being on a fixed income with 3 growing boys is challenging but Shelia is resourceful. Shelia is especially careful concerning COVID-19 due to her health, and the cost of keeping her family safe has increased as she now pays others to grocery shop for her to avoid exposure, and purchases more cleaning supplies than before. Shelia was so grateful to receive our holiday food basket commenting on how complete it was for making their holiday meal. She was especially ecstatic about the fresh produce, which can be costly to buy for a family and she doesn't always get to buy due to the cost.

Food Metrics

November 29 to 30, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food by your organization between **November 29 and 30, 2020** through this grant funding.

0

December 1 to 5, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food by your organization between **December 1 and 5, 2020** through this grant funding.

0

November 2020 Projections - Food

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

625

November 2020 - Actual Total # Served - Food*

Please specify how many individuals were served food by your organization in **November 2020** through this grant funding.

252

November 29 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 November 29 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
N/A

December 1 to 5 - 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 December 1 to 5, 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

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.

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We are only submitting for reimbursement for the expenses which we have all required documentation for so far (i.e. proof of payment of credit cards), this explains the discrepancy between what we have reported as having spent in our weekly reports and at other places in this report and the amount we are ultimately requesting reimbursement for.

Does the documentation above 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.