

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

Senior Connection Food Program with Foster Youth

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

\$149,558.00

Amount Spent - November 29 to 30, 2020*

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

\$1,834.00

Amount Spent - November 2020*

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

\$32,008.00

Amount Spent - December 1 to 5, 2020*

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

\$5,304.00

Amount Spent as of December 5, 2020*

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

\$73,298.72

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.

Golden Generations has expended \$7,138.00 from November 29-December 5 on personnel, groceries, mileage, and other related program cost.

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.

Mrs. Shannon has worked over 25 years as a nurse attendant, in her retirement her health has declined as a result of standing on her feet over the years. She has developed a severe case of arthritis which meant her medicine became quite expensive for her. Mrs. Shannon found herself unable to afford her expensive medicine and food as well as other essential needs. She had to make a choice of whether to purchase her meds or food, that was until she found out about our senior connection program. Now she's able to get a weekly nutritional food package along with fresh produce, dairy and meat that helps her to afford her medication.

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.

60

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.

50

November 2020 - Actual Total # Served - Food*

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

208

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

Home -Delivered Meals at Recipients Homes (Participant Zip Codes)
0 Delivered Meals at Recipients Homes

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

Homes- Delivered Meals at Recipients Homes(Participant Zip Codes)
33701 : 1
33702 : 2
33705 : 6
33707 : 3
33709 : 1
33711 : 10
33712 : 30
33713 : 4
33716 : 2
33789 : 1

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.

CARES November 2020 Reimbursement.pdf

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.

Yes, there are live signatures in the documentation attached above.