

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 - September 27 to 30, 2020*

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

\$1,702.20

Amount Spent - September 2020*

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

\$9,833.00

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**?

\$9,833.00

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.

Golden Generations, inc. has only expended \$2922.98 this week on program personnel conducting outreach, intake, and interviewing activities.

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.

We have completed the intake process for 100 seniors anticipating the start of having their own personal grocery shopper and being able to request groceries that they have not been able to purchase. For instance, Ms. E. Johnson said, "I am delighted that you all are thinking about us. It warms my heart that there are people out there who really care and think about seniors. When we did her intake, Ms. J. Wilburn said, "It seems too good to be true, but Praise God."

Food Metrics

Please read this section's instructions carefully.

For easy reference, below are the reported numbers of individuals served from your previous weekly reports during the month of September. Please sum these numbers together with the reported number of individuals served between September 27 and 30, 2020.

September 1 to 5, 2020 - Individuals Served - Food

0

September 6 to 12, 2020 - Individuals Served - Food

0

September 13 to 19, 2020 - Individuals Served - Food

0

September 20 to 26, 2020 - Individuals Served - Food

0

September 27 to 30, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food between September 27 and 30, 2020 through this grant funding.

0

September 2020 - Actual Total # Served - Food*

Please verify the numbers above for correctness. Then please sum the numbers above from your previous reports, and add the individuals served **food** through this funding for the dates of September 27 to 30, 2020. This is your total for how many individuals were served food in **September 2020** through this grant funding.

0

September 2020 Projections - Food

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

50

October 1 to 3, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food between October 1 and 3, 2020 through this grant funding. **Do NOT include this number in your sum total above of the number of individuals served for September.**

0

September 27 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.**

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
0

October 1 to 3 - 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.**

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
0

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.

GGI Sept Financial Report for CARES_FINAL.pdf

For the month of September, total expenses to date included Executive Director/CEO, Program Coordinator, Part-time/Temporary Program Coordinator I, and Communications Specialist as we worked to set up the program and await finalization of the grant contract. Services to seniors and youth began in October.

Pinellas Community Foundation

Pinellas CARES Nonprofit Partnership Fund Grant Reimbursement Request

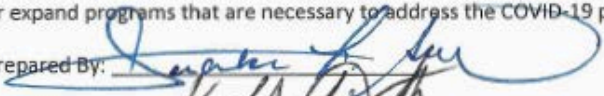
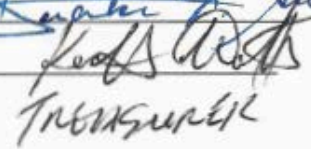
GOLDEN GENERATIONS, INC,
Sep-20

Budget Category/Line Item	Program Budget - Total	Cumulative expenses as of end of Prior Month	Current Month Reimbursement Request	Total Expended to Date
Personnel <i>(provide payroll registers, should include hours worked and rate per hour, and documentation to allocate payroll between CARES Act pay and regular pay)</i>	\$ 80,000	\$ -	\$ 9,833	\$ 9,833
Equipment <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	5,558	-	-	\$ -
Supplies <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	40,000		-	\$ -
Occupancy <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	0		-	\$ -
Local Travel <i>(for mileage use Mileage Reimbursement tab for other local travel expenses provide receipts and check stubs/credit card statements)</i>	3,000		-	\$ -
Training <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	3,000		-	\$ -
Design, Printing, Marketing & Postage <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	0		-	\$ -
Capital <i>(provide invoices/receipts and check stubs/credit card statement showing payment - for purchased over \$10,000 provide documentation of 3 quotes)</i>	0		-	\$ -
Purchased Services <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	3,000		-	\$ -
TOTAL *	\$ 134,558	\$ -	\$ 9,833	\$ 9,833

Advanced Funds

Funds advanced in September	\$ -
Funds advanced in October	-
Funds advanced in November	-
Funds advanced in December	-
Remaining Advanced Funds at the End of Month	<u>\$</u>

By signing the reimbursement request you affirm that expenses were to create new programs or expand programs that are necessary to address the COVID-19 pandemic.

Prepared By: 
 Reviewed By: 

* The Golden Generations Administrative team is still looking into ways to convert the \$14,000 De Minimus funds into the Personnel Column. We will submit our plan ASAP.

Personnel Expenses

Employee	Payroll period	Salary	Hours Worked	Rate per Hour	Total
					0
Juanita Suber	9/6-9/30		108	46.87	5624.4
Rene Anderson	9/6-9/30		42	25	1375
Cherlylena Strong	9/6-9/30		20	16.7	334
Grace Alfiero	9/6-9/30		50	50	2500

9833.4

Equipment Expenses

Date	Invoice #	Vendor	Amount
			0

			0
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Supplies Expenses

<u>Invoice Date</u>	<u>Invoice #</u>	<u>Vendor</u>	<u>Amount</u>
			0

0

Occupancy Expenses

Invoice Date	Invoice #	Vendor	Amount
			0

			0
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Local Travel Expenses

Mileage reimbursement - from next tab 0

Other local travel expenses:

<u>Invoice Date</u>	<u>Invoice #</u>	<u>Vendor</u>	<u>Amount</u>
---------------------	------------------	---------------	---------------

0

Training Expenses

<u>Invoice Date</u>	<u>Invoice #</u>	<u>Vendor</u>	<u>Amount</u>
			0

0

Design, Printing and Postage Expenses

<u>Invoice Date</u>	<u>Invoice #</u>	<u>Vendor</u>	<u>Amount</u>
			0

			0
--	--	--	---

Capital Expenses

Invoice Date	Invoice #	Vendor	Amount
			0

			0
--	--	--	---

Purchased Services Expenses

<u>Invoice Date</u>	<u>Invoice #</u>	<u>Vendor</u>	<u>Amount</u>
			0

0

MEMORANDUM OF AGREEMENT

BETWEEN
Rene Anderson
Tampa, FL
AND
Sponsor, Juanita Suber
Executive Director of Golden Generations
St. Petersburg, FL

September 2020

Dear Rene,

Per our discussion on September 7, 2020, in reference to our need to fill the part-time temporary contract position of Program Coordinator II for *Golden Generations*, I propose we work together and for you to provide a minimum of 15 hours per week to achieve the following responsibilities listed below for Golden Generations in accordance with the PCF CARES grant.

DUTIES AND RESPONSIBILITIES:

- Assist in processing eligible senior participants, collecting intake data, and providing data to the communications specialist weekly.
- Assist in developing project plans, and lead project to completion.
- Provide team with updates and feedback weekly.
- Troubleshoot problems that arise during project.
- Help identify and process essential shoppers for project.
- Oversee trainings and weekly shopping schedules for each essential shopper.
- Coordinate vendors, suppliers and resources.
- Communicate project plans and objectives to all support team members involved.
- Plan project support team weekly meetings.
- Assist in planning trips to food banks for additional nutritional items.
- Perform other duties as needed to support a successful project, including but not limited to serving as back up for delivering groceries to senior participants.

The Program Coordinator tasks are estimated to take a minimum of 15 hours per week for four months. Consultant will charge for 60 hours of work monthly at the typical hourly rate of \$25.00/hour, (\$2,500) for work completed beginning September 9, 2020 through December 30, 2020 (4 months).

Sponsor, agrees to make payment on the invoice monthly within 10 days of an online invoice submission. Signing below indicates each party's understanding of the terms of this agreement.

Sincerely,



Juanita Suber, Executive Director & Founder
Golden Generations



Rene Anderson Signature

Date: 9/09/2020

Date: 9/9/2020

NAME Rene` Anderson
 ADDRESS P.O. Box 16943
 Tampa, FL. 33687-6943

INVOICE

Please make checks payable to: Rene Anderson

INVOICE #1001
 DATE 09/30/2020

TO:
 Juanita Suber
 Golden Generation, Inc.
 2920 Pallanza Drive South
 St. Petersburg, Fla. 33705

FOR:
 Program Coordinator Services
 Senior Connection Project (SCP) Phase II

DESCRIPTION	HOURS		AMOUNT
Week of 9/09/2020 Meeting with CEO to begin planning phase of Project	5		\$125
Week of 9/13/2020 9/15-9/17 Outreach and marketing support	6		\$150
Week of 9/20/2020 9/22/2020 Make calls to seniors, interview coordinator II on zoom. 9/25/2020 planning meetings, minutes, took notes, equipment forms, W-9 forms, calls to seniors 9/26/2020 make calls/intake, zoom meeting 1-2, minutes. Satisfaction survey, emails to pastors, community partners. Updated contact senior list. Needs assessment power point. Efforts to recruit essential shoppers, develop protocols, develop work plan, meet with Cheryllyena go over assignments.	21		\$525
Week of: 9/28/2020 Calls and intake to seniors, update contact lists, calls to community partners, recruit efforts for essential shoppers, meet with Cheryllyena 9/29/2020: Planning meeting, calls to seniors and intake processing, UPS for copies of flyers, intake forms and employment applications for shoppers, calls to Walmart, update senior lists, spoke to people interested in volunteering for the project. 9/30/2020: Zoom meeting, calls and intake for seniors, Spreadsheet for transporters and essential shopper list. Meeting with PCII to go over invoice, calls and intake forms, zoom calls this week. Update senior contact list.	3		\$575
		TOTAL DUE	\$1,375

TIME SHEET

WEEK OF: START DATE 9/6/2020 –
 END DATE 9/30/2020

COMPANY NAME


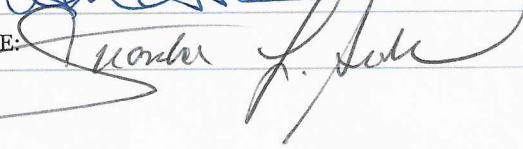
Senior Connection
 Project

Street Address

2920 Pallanza Dr.
 South St. Pete, FL
 33705

EMPLOYEE NAME: RENE ANDERSON	TITLE: PROGRAM COORDINATOR
EMPLOYEE NUMBER:	STATUS:
DEPARTMENT: MANAGEMENT	SUPERVISOR: JUANITA SUBER ATHY

DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
Date 9/9/2020	1:00	3:00	2		2
Date 9/10/2020	1:00	4:00	3		3
Date 9/11/2020					
Date					
Date					
Date					
Date					
WEEKLY TOTALS			5		5

EMPLOYEE SIGNATURE: 	DATE: DATE 9/11/2020
SUPERVISOR SIGNATURE: 	DATE: DATE 9/12/20

TIME SHEET

WEEK OF: START DATE 9/13/2020 –
 END DATE 9/17/2020

COMPANY NAME


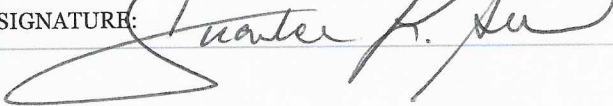
Senior Connection
 Project

Street Address

2920 Pallanza Dr.
 South St. Pete, FL
 33705

EMPLOYEE NAME: RENE ANDERSON	TITLE: PROGRAM COORDINATOR
EMPLOYEE NUMBER:	STATUS:
DEPARTMENT: MANAGEMENT	SUPERVISOR: JUANITA SUBER ATHY

DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
Date 9/15/2020	1:00	3:00	2		2
Date 9/16/2020	1:00	3:00	2		2
Date 9/17/2020	9:00	11:00	2		2
Date					
Date					
Date					
Date					
WEEKLY TOTALS			6		6

EMPLOYEE SIGNATURE: 	DATE: DATE 9/17/2020
SUPERVISOR SIGNATURE: 	DATE: DATE 9/19/20

TIME SHEET

WEEK OF: START DATE 9/20/2020 –
END DATE 9/26/2020

COMPANY NAME

Senior Connection
Project

Street Address

2920 Pallanza Dr.

South St. Pete, FL

33705

EMPLOYEE NAME: RENE ANDERSON	TITLE: PROGRAM COORDINATOR
EMPLOYEE NUMBER:	STATUS:
DEPARTMENT: MANAGEMENT	SUPERVISOR: JUANITA SUBER ATHY

DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
Date 9/20/2020	1:00	2:00	1		1
Date 9/22/2020	1:00	5:00	4		4
Date 9/25/2020	9:00	4:00	6		6
Date 9/26/2020	8:00	6:00	10		10
Date					
Date					
Date					
WEEKLY TOTALS			21		21

EMPLOYEE SIGNATURE: 	DATE: DATE 9/24/2020
SUPERVISOR SIGNATURE: 	DATE: DATE 9/24/20

TIME SHEET

WEEK OF: START DATE 9/28/2020 –
 END DATE 9/30/2020

COMPANY NAME


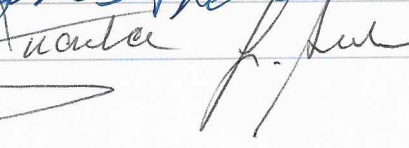
Senior Connection
 Project

Street Address

2920 Pallanza Dr.
 South St. Pete, FL
 33705

EMPLOYEE NAME: RENE ANDERSON	TITLE: PROGRAM COORDINATOR
EMPLOYEE NUMBER:	STATUS:
DEPARTMENT: MANAGEMENT	SUPERVISOR: JUANITA SUBER ATHY

DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
Date 9/28/2020	10:00	5:00	7		7
Date 9/29/2020	8:00	5:00	9		9
Date 9/30/2020	10:00	5:00	7		7
Date					
Date					
Date					
Date					
WEEKLY TOTALS			23		23

EMPLOYEE SIGNATURE: 	DATE: DATE 9/30/2020
SUPERVISOR SIGNATURE: 	DATE: DATE 10/3/20

MEMORANDUM OF AGREEMENT

BETWEEN
Cherlylena Strong
AND
Sponsor, Juanita Suber
Executive Director of Golden Generations
St. Petersburg, FL

September 2020

Dear Cherlylena,

Per our discussion on September 22, 2020, in reference to our need to fill the part-time temporary contract position of Program Coordinator II for *Golden Generations*, I propose we work together and for you to provide a minimum of 15 hours per week for two weeks to assist the Program Coordinator to achieve the following responsibilities listed below for Golden Generations in accordance with the PCF CARES grant.

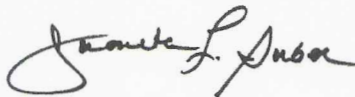
DUTIES AND RESPONSIBILITIES:

- Assist in processing eligible senior participants, collecting intake data, and providing data to the communications specialist weekly.
- Assist in developing project plans, and lead project to completion.
- Provide team with updates and feedback weekly.
- Troubleshoot problems that arise during project.
- Help identify and process essential shoppers for project.
- Oversee trainings and weekly shopping schedules for each essential shopper.
- Perform other duties as needed to support a successful project, including but not limited to serving as back up for delivering groceries to senior participants.

The Program Coordinator II tasks are estimated to take a minimum of 15 at the hourly rate of \$16.70/hour, (\$1,000) for work completed beginning September 23, 2020 through October 25, 2020

Sponsor, agrees to make payment on the invoice monthly within 10 days of an online invoice submission. Signing below indicates each party's understanding of the terms of this agreement.

Sincerely,



Juanita Suber, Executive Director & Founder
Golden Generations



Cherlylena Strong Signature

Date: 9/23/2020

Date:09/23/20

NAME: Chelylena Strong
 ADDRESS: 455 Alt 19 South, Apt#133
 Palm harbor, FL 34683

INVOICE

INVOICE #1001
 DATE: SEPTEMBER 30,2020

TO:

Juanita Suber
 Golden Generation, Inc.
 2920 Pallanza Drive South
 St. Petersburg, Fla. 33705

FOR:

Part-Time/Temp Program Coordinator II
 Senior Connection Project (SCP) Phase II

DESCRIPTION	HOURS	AMOUNT
Week of September 22 thru 30 th		
Tuesday 22 nd Office meeting with Renee on Zoom conference call. Went over paperwork and agenda. Update review plan draft, activities, and objectives.	2	33.40
Week of Wednesday 23 rd Received scripts and went over referral calls.	1	16.70
Week of _Thursday 24 th Contact Trinity Assisted Living, Camelot, Alpha House of Pinellas County, _Call Seniors from list	2 1/2	33.40
Week of __Friday 25 th Office meeting 11:am, filled out and signed additional paperwork. Update of follow up of task. Received supplies and equipment needed. Went by Trinity Assisted Living to do intakes. Went by Lorene's Restaurant and dropped of applications for essential shoppers. Went by Brookwood Home for girls to drop off essential shopper applications for youth. Worked on intakes forms, called and contact Seniors from list. _____	6	100.20
Week of _September 26 th Zoom Meeting at 1: p.m. with Transporter, Vernell Harris, Talked about the Senior Connection overview. Call seniors and worked on	2	33.40

<p>Intakes, added names to master list _____</p> <p>September 27- went over work plan outline. Maintain updated contact list for seniors. 1 1/2 hour</p> <p>September 28th - made phone calls for senior intakes. 1/2 hour</p> <p>September 29th- went by Trinity to do intake forms. office meeting. Went to UPS to make copies and flyers. Discussed senior list with Ms Renee and the timeline. 3 hours</p> <p>September 30th- Worked on senior contact list. Updated intake forms and master list of 50. Zoom Meet 2: pm 1 1/2 hours</p> <p>20 hours X \$16.70/hour = \$334.00</p>	<p>Total 20 hours</p>	<p>TOTAL</p>	<p>334.00</p>
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Make all checks payable to Cherlylena R. Strong

Cherlylena Strong
Signed

9/30/20
Date

Thank You.

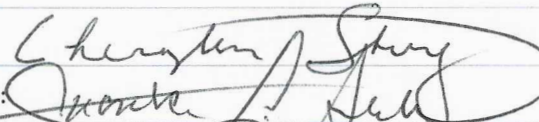
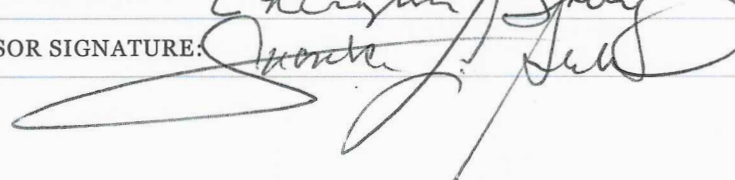
TIME SHEET

WEEK OF: September 20, 2020-September 26, 2020

Golden Generations, Inc.
 Senior Connection
 Project
 2920 Pallanza Dr. So.
 St. Petersburg, FL 33705

EMPLOYEE NAME: Cherlylena Strong	TITLE: Program Coordinator II
EMPLOYEE NUMBER:	STATUS: Part-time/Temp
DEPARTMENT: SCP Project	SUPERVISOR: Rene Anderson

DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
Date 9/25/20	1:00 PM	7:00	6		6
Date 9/26/20	9:00	4:30	7.5		7.5
Date					
Date					
Date					
Date					
Date					
WEEKLY TOTALS					13.5

EMPLOYEE SIGNATURE: 	DATE: 9/26/20
SUPERVISOR SIGNATURE: 	DATE: 9/26/20

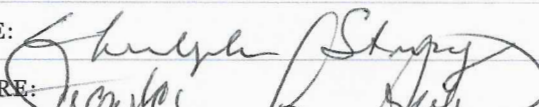
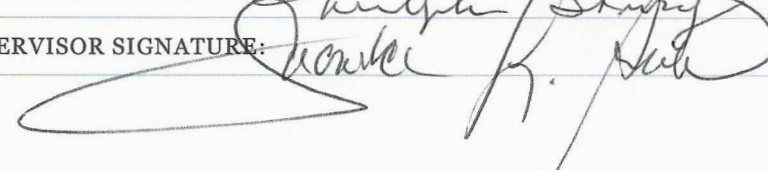
TIME SHEET

WEEK OF: September 27, 2020-October 3, 2020

Golden Generations, Inc.
 Senior Connection
 Project
 2920 Pallanza Dr. So.
 St. Petersburg, FL 33705

EMPLOYEE NAME: Cherylena Strong	TITLE: Program Coordinator II
EMPLOYEE NUMBER:	STATUS: Part-time/Temp
DEPARTMENT: SCP Project	SUPERVISOR: Rene Anderson

DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
Date 9/29/20	10:am	4:30pm	6.5		6.5
Date					
Date					
Date					
Date					
Date					
Date					
WEEKLY TOTALS					6.5

EMPLOYEE SIGNATURE: 	DATE: 10/3/20
SUPERVISOR SIGNATURE: 	DATE: 10/3/20

MEMORANDUM OF AGREEMENT

BETWEEN

Consultant, Grace-Anne Alfiero, MFA
President & CEO, Arts In Action Consulting Firm
Pipersville, PA

AND

Sponsor, Juanita Suber
Executive Director of Golden Generations
St. Petersburg, FL

September 2020

Dear Juanita,

Per our discussion on August 25, 2020, in reference to my consultant services for communications support for *Golden Generations*, I propose we work together to administer the communications and messaging needs of Golden Generations in accordance with the PCF CARES grant.

The communication tasks are estimated to take a total of 20 hours per month for four months. Consultant will charge for 20 hours of work monthly at the typical hourly rate of \$100/hour, (\$2,000) for work completed beginning September 1, 2020 through December 30, 2020 (4 months) totaling \$8,000 in consultant support services.

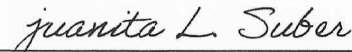
Sponsor, agrees to make payment on the invoice monthly within 10 days of an online invoice submission. Signing below indicates each party's understanding of the terms of this agreement.

Sincerely,



Grace-Anne Alfiero, MFA, Consultant
Arts In Action Consulting, LLC

Date: 9/8/20



Juanita Suber, Executive Director
Golden Generations

Date: 9/15/2020



Arts In Action Consultant Invoice

Name: Grace-Anne Alfiero, MFA
Date submitted for payment: 9/30/20

Please submit payment to:
Arts in Action Consulting LLC.,
5044 Kratz Carriage Road
Pipersville, PA 18947

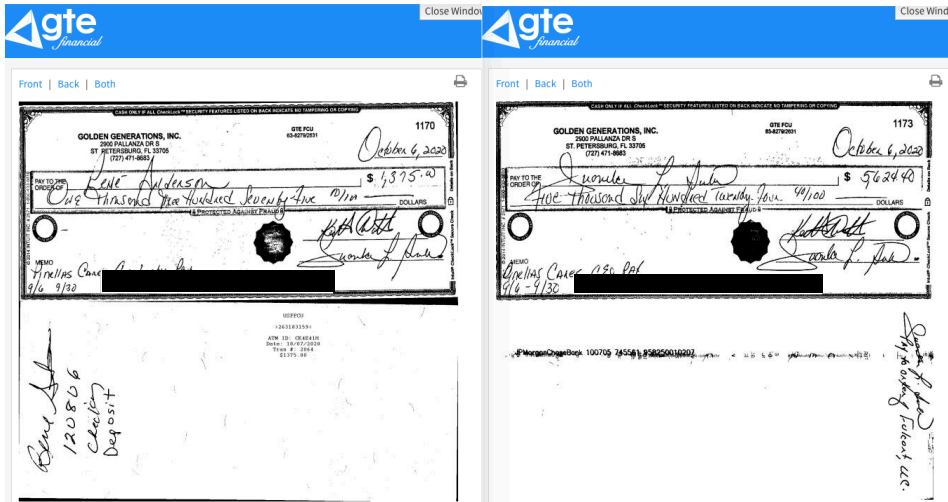
INVOICE FOR COMMUNICATIONS SUPPORT

Month:	Description of Projects:	Total Hours:
September 2020	Communications support to create MOAs for contract employees, advise on systems and help develop processes in order to implement a data collection and evaluation system for the CARES grant project. Attend meetings with GGI contractors and with the GGI CEO. Advise on software needed. Support to prepare and archive invoices for grant reimbursement submission. Help facilitate team meetings with CARES grant team.	25
	TOTAL HOURS WORKED = 25	
	TOTAL Hours worked = 25 25 X \$100/hour = \$2,500 Total Due=\$2,500	Total Due= \$2500

Please submit for payment with the receipt of this invoice and mail out payment within a 10-day timeframe. THANK YOU SO MUCH!

Grace-Anne Alfiero, MFA

Back-up for Personnel Payments:



TRANSACTION DETAILS

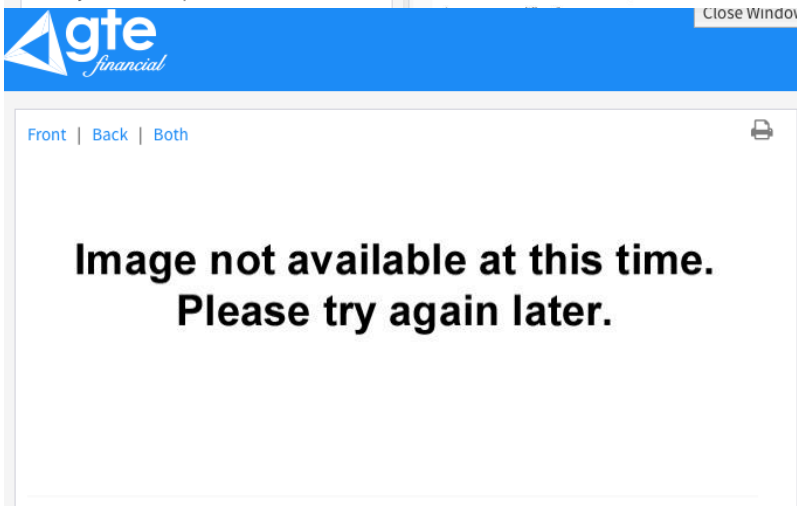
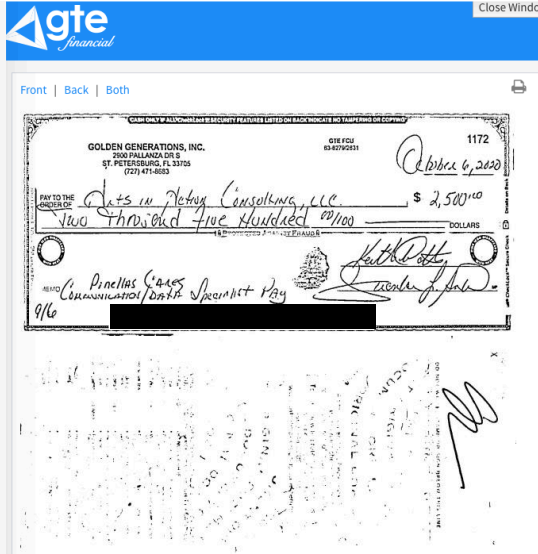
Transaction Details

Over Counter Check # 1171

Entry Date: 10/07/2020
Effective Date: 10/07/2020
Transaction Type: Withdrawal
Amount: -\$334.00
Resulting Balance: \$35,209.36

If you have questions regarding this transaction, please enter your question below and click the Submit Inquiry button.

We reply to all Live Chat inquiries ASAP. Please allow 2 business days for a Message Center response. If your inquiry is of an urgent manner, please contact us via Live Chat or through Member Care at 813.871.2690 or 1.888.871.2690 ext. 40401. Monday - Sunday 7:00am to 8:00pm.



Note: The paycheck for Cherlylena Strong did not have an image available, however, Check #1171 for \$334 was processed on 10/2/2020