

# 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\***

Hispanic Outreach Center - COVID-19 Food Outreach

### **Priority Funding Areas**

Food

### **Award Type**

Reimbursement for Future Programming

### **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**

\$85,124.60

### **Amount Spent - November 29 to 30, 2020\***

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

\$690.00

### **Amount Spent - November 2020\***

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

\$23,692.88

### Amount Spent - December 1 to 5, 2020\*

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

\$4,391.61

### Amount Spent as of December 5, 2020\*

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

\$28,085.00

### 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.

The Hispanic Outreach Center expended \$28,085 for the month of November. We bought food in bulk every week (with the exception of the week of the tropical storm ETA) and we distributed every Thursday (with the exception of November 25th that was a Wednesday).

Specifically we spent: \$23,765.3 in food; \$2,471.92 in supplies such as bags, carts, t-shirts for contractors, etc; \$1,207.5 was spent on personnel (contractors that helped with the preparation of food bags and food distribution); about \$30 in training and \$610.64 in stickers for the food bags/boxes.

### 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.

Myriam is a mom and a wife. Her husband is battling cancer and due to COVID she can not risk going to do groceries. The family has also struggled financially because of the cancer treatments and are in need of food every week. Myriam has received food weekly for the last 10 months and this has helped their family relief food insecurity.

## Food Metrics

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### 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.

320

**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.

300

**November 2020 - Actual Total # Served - Food\***

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

817

**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

0

### 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

Distribution at the drive-through food pantry at the Hispanic Outreach Center is as follows (per household):

- 33756: 38
- 33759: 12
- 33770: 7
- 33771: 6
- 34689: 1
- 34695: 3
- 34698: 5
- 33755: 62
- 33765: 32
- 33760: 10
- 33773: 1
- 33763: 3
- 33778: 3
- 33772: 2
- 33764: 6
- 34668: 1
- 33576: 1
- 33556: 1
- 33777: 1
- 33733: 1
- Homeless: 4

There were also 30 households served at El Shaddai church (ZIP Code: 33756); 60 households served at Las Aguilas (ZIP Code: 33764); 30 at M. Baptist church (ZIP Code: 33755).

\*The above total served was updated 2021-1-14 to reflect total Households served.

## *Cost Reimbursement Basis - Justification of Expenditures*

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### **Monthly Reimbursement Request\***

Please complete the Pinellas CARES Reimbursement Request 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 document, please put them in the field below.

Monthly Reimbursment Request\_ICAI\_November 2020\_V.2.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.