

## Creative Counseling During COVID 19

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*Pinellas CARES Nonprofit Partnership Fund*

### ***House Of Mercy And Encouragement Foundation Inc.***

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# FollowUp Form

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## *Pinellas CARES Nonprofit Partnership Fund*

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### **Project Name\***

Creative Counseling During COVID 19

### **Priority Funding Areas**

Behavioral Health

### **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**

This is the amount your organization was awarded for spending during the grant period.

\$50,452.66

### **Amount Spent - October 4 to 10, 2020\***

How much grant funding was spent during the period of this report? (**October 4 to 10, 2020**)

\$2,320.34

### **Amount Spent - through October 10, 2020\***

How much of the awarded funding has been spent from the time of grant award through **October 10, 2020**?

\$12,823.28

### **Brief Spending Narrative\***

Please briefly explain the spending activities from October 4 to 10, 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.

HOME purchased art supplies for counseling sessions, items for outreach and in home counseling bags.

Personnel salaries: 20 hours-coordinator; outreach employee 10.5 hours; therapy hours 12; technology specialist 15 hours; art teacher 4.5. Hours were conducted in accordance with CARESAct job descriptions and specifications.

## *Behavioral Health Metrics*

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### **October 4 to 10, 2020 - Individuals Served - Behavioral Health\***

Please specify the number of individuals that were given behavioral health services between October 4 and 10, 2020 through this grant funding.

16

### **October 4 to 10, 2020 - ZIP Codes of Individuals Served - Behavioral Health\***

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**

Group Therapy (Program Service ZIP Code)  
33705: 15

Telehealth Counseling (Participant ZIP Codes)  
33782: 5  
33764: 3  
33760: 8

Group Therapy

33756: 1  
33759: 1  
33760: 1  
34698: 2

Telehealth Counseling

33755: 1  
33759: 1  
33762: 1  
33770: 1  
33782: 1  
34683: 1  
34684: 2

34689: 1  
34698: 2

## File Attachment Summary

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### *Applicant File Uploads*

*No files were uploaded*