# FollowUp Form

# Pinellas CARES Nonprofit Partnership Fund

### Project Name\* Harbor Dish to the Rescue

## **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**

\$56,525.00

#### Amount Spent - September 27 to 30, 2020\*

How much grant funding was spent between **September 27 to 30, 2020**? \$0.00

### Amount Spent - September 2020\*

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

\$0.00

# Amount Spent - October 1 to 3, 2020\*

How much grant funding was spent between October 1 to 3, 2020?

\$252.82

#### Amount Spent as of October 3, 2020\*

How much of the awarded funding was spent from project inception to October 3, 2020?

\$252.82

#### 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.

The Harbor Dish only expended \$252.82 the first three days of October after the grant application was approved on Sept. 24. On Sept. 26, we opened a separate bank account for grant funds. We were preparing for our new Take & Bake cooking program, which had a dry run on Oct. 12 and began Oct. 14, and we purchased some PPE, cleaning supplies and kitchen supplies for that. We also had a fuel cost for food pickups. Small cargo vans are in short supply right now, but we have been negotiating with Enterprise and expect to rent one on Oct. 15.

#### **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.

Linda, 91, attended the church where we have donated space. In December, she suffered a head and back injury, so we began bringing food and visiting with her weekly. The recovery took six months, and by then the pandemic had begun. Linda is an energetic, outgoing woman who enjoys conversing about her world travels, books and politics and playing Scrabble. Even with a fractured back she was cleaning her home, going to the laundry room, etc. Now Linda is mainly housebound due to the pandemic. She occasionally sees a niece or a neighbor but is bored and lonely. We have increased our visits from once a week to two or three times and assigned one volunteer, Darlene. On Sundays, Darlene packs a box of food and even buys Linda's favorite mac and cheese on the way over to visit. Recently she was able to take Linda to the dollar store and for coffee, a welcome outing. Even though we supply food to hundreds of people, the Harbor Dish specializes in this personal treatment as we build community.

# 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

### September 6 to 12, 2020 - Individuals Served - Food

### September 13 to 19, 2020 - Individuals Served - Food

September 20 to 26, 2020 - Individuals Served - Food

964

### 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.

988

#### 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.

1952

#### September 2020 Projections - Food

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

2600

#### 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.** 

165

### 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 Food distribution site at First Presbyterian Church 34695:288 Food distribution site at Cypress Meadows Church 33759: 140 Cooking at Florida Sheriffs Youth Ranch 34695:30 Home delivered meals: 34695:70 33759:20 34698:10 33755:10 33761:20 Meal distribution through 360 Eats: 34695 and 33701: 150 Meal distribution through Feeding the Fosters: 33761:250

#### 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 Food distribution site at First Presbyterian Church 34695: 140 Home delivered meals: 33761: 25

# Cost Reimbursement Basis - Justification of Expenditures

# 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.

Pinellas-CARES-Reimbursement-Request-Form.FINAL\_ - Reimbursement Request (1)-merged (1).pdf We are in the process of revising our budget to remove rent and replace with equipment that needs to be purchased in lieu of rent. Since this has not been finalized, we have completed the worksheet to reflect the original, approved budget.

# File Attachment Summary

# Applicant File Uploads

• Pinellas-CARES-Reimbursement-Request-Form.FINAL\_ - Reimbursement Request (1)merged (1).pdf

#### **Pinellas Community Foundation**

#### Pinellas CARES Nonprofit Partnership Fund Grant Reimbursement Request

Organization Name: \_\_\_\_The Harbor Dish\_\_\_\_

Month: \_\_\_\_\_September 2020

Budget Category/Line Item	Program Budget - Total	Cumulative expenses as of end of Prior Month	Current Month Reimbursement Request	Total Expended to Date
Personnel (provide payroll registers, should include hours worked (i.e. timesheet) and rate per hour, and documentation to allocate payroll between CARES Act pay and regular pay)	38,400	\$-	\$ -	\$ -
Equipment (provide invoices/receipts and check stubs/credit card statement showing payment)	3,250.70		226	\$ 226
Supplies (provide invoices/receipts and check stubs/credit card statement showing payment)	3,804.95		_	\$ -
Occupancy (provide invoices/receipts and check stubs/credit card statement showing payment)	1,000.00		_	\$ -
Local Travel (for mileage use Mileage Reimbursement tab for other local travel expenses provide receipts and check stubs/credit card statements)	560.00		27	\$ 27
Training (provide invoices/receipts and check stubs/credit card statement showing payment)	0		-	\$ -
Design, Printing, Marketing & Postage (provide invoices/receipts and check stubs/credit card statement	348.82		_	\$ -
Capital (provide invoices/receipts and check stubs/credit card statement showing payment - for purchased over \$10,000 provide documentation of 3 quotes)	6061		-	\$ -
Purchased Services (provide invoices/receipts and check stubs/credit card statement showing payment)	3,100		-	\$ -
TOTAL	56,525	\$-	\$ 253	\$ 253

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: _Mich	ele Abruzzi	Date:	_10/14/20
Reviewed By:0	Christina Sauger	Date:	_10/14/20



Clearwater #336 2655 Gulf to Bay Blvd Clearwater, FL 33759

W2 Member 111854074939 RESALE ON	10/2/20
1032422 PALMOLIVE	7.99
1121472 HVY DTY SPNG	12.89
0000240236 /1/21472	3.40-
1121472 HVY DTY SPNG	12.89
1459779 32D MASK 4PK	11.99
1459779 32D MASK 4PK	11.99
1459779 32D MASK 4PK	11.99
1459779 32D MASK 4PK	11,99
1463829 32D KID FACE	9.99
1463829 32D KID FACE	9.99
1463829 32D KID FACE	9,99
1463829 32D KID FACE	9,99
1463829 32D KID FACE	9.99
1121472 HVY DTY SPNG	12.89
2189436 CLOROX WIPES	14.99

#### END OF RESALE

G:858016340028C5	EXP:				
Resale Total Non Resale Total	156.16 0.00				
SUBTOTAL TAX **** TOTAL	156.16 0.00 156.16				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
EFT/Debit CHANGE	156.16				
TOTAL NUMBER OF ITEMS SOLD = 14 INSTANT SAVINGS \$ 3.40 INSTANT SAVINGS \$ 3.40					

OP#: 39 Name: Laura S Thank You! Please Come Again Whse:336 Trm:8 Trn:391 OP:39

Clearwater #336 10/2/20 2655 Gulf to Bay Blvd Clearwater, FL 33759 W2 Member 111854074939 1300659 KS DRAWS 33G 15.99 A 921279 FRZ GAL ZIPR 14.99 A 31684 18" HD FOIL 23.99 A 1089787 KS BAGS 200 14.69 A SALES TAX EXEMPTION G:85801634002805 EXP: SALES TAX EXEMPTION SUBTOTAL 69.66 TAX 4.88 TAX EXEMPT 4.88-\*\*\*\* TOTAL 69.66 XXXXXXXXXXXX9860 CHIP Read AID: A0000000980840 VERIFIED BY PIN Seq# 8927 App#: 434445 EFT/Debit Resp: APPROVED Tran ID#: 027600008927.... Merchant ID: 990336 APPROVED - Purchase AMOUNT: \$69.66 10/02/2020 18:24 336 8 390 39 EFT/Debit 69.66 CHANGE 0.00 TOTAL TAX 0.00 TOTAL NUMBER OF ITEMS SOLD = 4 10/02/2020 18:24 336 8 390 39 21033600803902010021824 OP#: 39 Name: Laura S Thank You! Please Come Again Whse:336 Trm:8 Trn:390 0P:39 Items Sold: 4 W2 10/02/2020 18:24

Items Sold: 14 W2 10/02/2020 18:26

