

# 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\***

Heels to Heal Crisis Counseling program

### **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.

\$14,543.39

### **Amount Spent - October 18 to 24, 2020\***

How much grant funding was spent during the period of this report? (**October 18 to 24, 2020**)

\$990.00

### **Amount Spent - through October 24, 2020\***

How much of the awarded funding has been spent from the time of grant award through **October 24, 2020**?

\$990.00

## Brief Spending Narrative\*

Please briefly explain the spending activities from October 18 to 24, 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 total amount for cost of services reflects counseling services and program manager payroll from October 18th - 24th The total hours provided were 10 hours = \$650.00

The program manager amount for cost of services reflects October 18th-24th for 20 hours total at \$17/an hour = \$340.00

## *Behavioral Health Metrics*

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### October 18 to 24, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between October 18 and 24, 2020 through this grant funding.

10

### October 18 to 24, 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

33760:1

33713:1

33705: 3

33711:1

33702:1

33701:1

33781:1

34684: 1