

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

Heels to Heal Crisis Counseling program

Priority Funding Areas

Behavioral Health

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

\$14,543.39

Amount Spent - October 25 to 31, 2020*

How much grant funding was spent between **October 25 and 31, 2020**?

\$795.00

Amount Spent - October 2020*

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

\$3,625.00

Amount Spent as of October 31, 2020*

How much of the awarded funding was spent from project inception to October 31, 2020?

\$3,625.00

Brief Spending Narrative*

Please briefly explain the spending activities from **October 25 to October 31, 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 the cost of services reflects counseling services and program manager payroll from October 25th - 31st. The total hours provided were 7 hours = \$455.00

The program manager amount for cost of services reflects October 25th - 31st for 20 hours total at \$17/an hour = \$340.00. Theranest services administering the PCL-5 surveys for the month of October is \$30.12.

The total for October 25th - October 31st = \$795.00

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.

I would like to thank you so much for the wonderful opportunity Heels To Heal Foundation has offered to me. Since the trauma I have experienced from my ex-husband and through my entire divorce process, my counselor has been a God sent and a blessing to me! I feel I can disclose anything to her without fear or shame and she has had me dig deep into my trauma to help heal buried wounds. She has taught me breathing techniques to share with my children when we are overwhelmed with anxiety and she is constantly guiding me and addressing all my questions and concerns. Since working with Deborah I have felt more encouraged and empowered than ever before. I have already recommended her to other friends of mine. Thank you again to the Heels to Heal Foundation for making this all possible for me. God bless your service! Most gratefully,
NB

Behavioral Health Metrics

October 25 to 31, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between **October 25 and 31, 2020** through this grant funding.

7

October Projections - Number Served - Behavioral Health

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

25

October 2020 - Actual Total # Served - Behavioral Health*

Please specify how many individuals were given behavioral health services in **October 2020** through this grant funding.

37

Measurement - Behavioral Health

This is the measurement that your organization specified it would use to measure progress through this grant.

The PCL-5

October Projections - Progress Rate - Behavioral Health

This was the estimated progress rate from your application for **October 2020**. This was the projected improvement based on the Measurement from your application, viewable above.

82

October 2020 - Actual Progress Rate - Behavioral Health*

Please specify the ACTUAL progress rate for **October 2020 (in a percentage)** based on the Measurement indicated in your original application.

84

October 25 to 31, 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 for the week of October 25 to 31, 2020.**

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

33713: 6

33705: 8

33770: 3

33702: 3

33701: 2

33776: 2

33781: 4

33759: 1

33760: 2

33759: 1

33711: 1

33684: 2

33730: 1

34684: 2

34689: 1

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.

October Reporting Heels to Heal.pdf

In addition to the expense reporting sheet attached, we have the cleared checks and receipts that were not able to be attached. I will email them separately to Brittany. MM