

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

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 4 to 10, 2020*

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

\$1,015.00

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?**

\$1,015.00

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.

The executed agreement started on October 8th. The total amount for cost of services reflects counseling services provide October 8th, 9th, and 10th. The total hours provided were 13hours = \$845.00

The program manager amount for cost of services reflects October 8th and 9th for 10 hours total at \$17/an hour = \$170.00

Behavioral Health Metrics

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.

13

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

33713: 4
33705: 2
33770: 2
33702: 1
33701: 1
33776: 1
33781: 2