

# 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 - December 20 to 26, 2020\***

How much grant funding was spent during the period of this report? (**December 20 to 26, 2020**)

\$500.12

**Amount Spent - through December 26, 2020\***

How much of the awarded funding has been spent from the time of grant award through **December 26, 2020?**

\$10,500.24

## Brief Spending Narrative\*

Please briefly explain the spending activities from December 20 to 26, 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 December 20th-26th. The total hours provided were 2 hours = \$130.00. Theranest monthly fee was \$30.12.

The program manager amount for cost of services reflects December 20th-December 26th for 20 hours total at \$17/an hour = \$340.00

## Behavioral Health Metrics

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### December 20 to 26, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between December 20 and 26, 2020 through this grant funding.

2

### December 20 to 26, 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

33635:1

34684:1