

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Please do not submit your final December report until all supporting fiscal documentation has been collected and can be compiled for submission.

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 - December 27 to 30, 2020*

How much grant funding was spent between **December 27 and 30, 2020?**

\$600.00

Amount Spent - December 2020*

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

\$3,810.12

Amount Spent as of December 30, 2020*

How much of the awarded funding was spent from project inception to December 30, 2020?

\$11,100.24

Brief Spending Narrative*

Please briefly explain the spending activities from **December 27 to December 30, 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 27th-31st. The total hours provided were 4 hours = \$340.00.

The program manager amount for cost of services reflects December 27th-December 31st for 20 hours total at \$17/an hour = \$340.00

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 was able to make sense of the abuse that I went through. I realized that it was not my fault. The Heels to Heal program is amazing and each session helped me understand and taught me boundaries and red flags. These boundaries that I now set help keep me safe. I have learned to survive daily nightmares and how to love myself first and foremost. Additionally, I have learned how to cope with anxiety. Heels to Heal teletherapy has been the light at the end of a very dark tunnel.

Behavioral Health Metrics

December 27 to 30, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between **December 27 and 30, 2020** through your programming.

4

December Projections - Number Served - Behavioral Health

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

25

December 2020 - Actual Total # Served - Behavioral Health*

Please specify how many individuals were given behavioral health services through your funded programming in **December 2020**.

32

Measurement - Behavioral Health

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

The PCL-5

December Projections - Progress Rate - Behavioral Health

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

82

December 2020 - Actual Progress Rate - Behavioral Health*

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

84

December 27 to 30, 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 December 27 to 30, 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

33760:3

33770:2

34638:2

33635:2

33534

33730

33705:2

34689:2

33771:4

34684:2

33704

33534:2

33705:3

33776

33635:2

34654

33777

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.

December 2020 Reimbursement Request.pdf

Does the above documentation contain live signatures?*

The accounting documentation above requires live signatures on the template in the "Prepared by" and "Reviewed by" lines. Please check that signatures are present, and affirm this by checking the box below.

Yes, there are live signatures in the documentation attached above.

Final Survey

We would like your feedback on the CARES experience. Please complete the following anonymous survey:

<https://www.surveymonkey.com/r/DCFW7RN>

*

I have completed this survey