

FollowUp Form

Website

Has this report been posted on the PCF website?

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

High Point Neighborhood Family Center Food Pantry

Priority Funding Areas

Food

Award Type

Reimbursement for Future Programming

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

\$29,455.00

Amount Spent - December 27 to 30, 2020*

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

\$1,050.00

Amount Spent - December 2020*

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

\$12,803.12

Amount Spent as of December 30, 2020*

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

\$29,698.95

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 equipment cost of \$429.00 at LOWES was for the tool shed. The rest of the CARES expenditures, \$12,374.12 spent was for food at Sam's Club, Walmart and Buy Farm Food.

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.

Malak A. is a single mother of two daughters, supports her mother and was a victim of domestic abuse. When we met her, she was getting a divorce from her now ex-husband who was incarcerated. We first assisted her with filing her taxes and claiming her daughters since her husband was trying to keep the return for himself. Shortly after she lost her employment due to COVID and came to NFC looking for further assistance. We helped her apply for Cares Act assistance. She began coming to our food pantry, primarily funded by the CARES dollars during this time period, since she was not receiving any assistance, and this was the only way to feed her family. Unfortunately, her family is one of the many who still need the pantry every week almost a year later from when the pandemic reached the US. She is now employed again, but still visits the pantry since she is the only breadwinner in the family.

Food Metrics

December 27 to 30, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food between **December 27 and 30, 2020** through this grant funding.

640

December Projections - Food

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

2800

December 2020 - Actual Total # Served - Food*

Please specify how many individuals were served food through this funded programming in **December 2020**.

2177

December 27 to 30 - ZIP Codes of Individuals Served - Food*

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

Food Distribution Site at Tropicana Field (Program Service ZIP Code)
33705: 700

Home-Delivered Meals at Recipients' Homes (Participant ZIP Codes)
33782: 5
33764: 3
33760: 8

Food distribution at the High Point Neighborhood Family Center 33760 33760: 292 33764: 32 33770: 24
33771: 20 33773: 24 33762: 24 33782: 16 33756: 28 33759: 24 33701: 4 33709: 8 33714: 32 33755: 8
33761: 24 33765: 20 33774: 8 33778: 8 33781: 12 34677: 4 34689: 28

Cost Reimbursement Basis - Justification of Expenditures

Monthly Reimbursement Request*

Please complete the Pinellas CARES Reimbursement Request 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 document, please put them in the field below.

CARES Dec 2020 final.pdf

Does the documentation above 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