

# 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\***

Feeding Kids During COVID in Pinellas County

### **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**

\$10,000.00

### **Amount Spent - October 25 to 31, 2020\***

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

\$1,511.12

### **Amount Spent - October 2020\***

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

\$8,562.70

## Amount Spent as of October 31, 2020\*

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

\$9,609.26

## 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 Kind Mouse expended \$1436.12 on food and \$75 on extra COVID cleaning

## 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.

Hi, I am a domestic violence survivor, single mother with two daughters and my mom and sister are refugees who also live with me. I received food many times from Hands Across the Bay through the past year on behalf of the Kind Mouse partnership. They are a very nice and very generous organization. They always give me the best snacks for my daughters like raisins, cookies, gummy snacks, crackers, and puddings. They also provide us delicious meals ingredients for cooking. Pasta, food cans, pickles, and so much more. Big thank you to the Kind Mouse and Hands Across the Bay, this has been a huge help.

~Domestic Violence survivor, "Mary"

## Food Metrics

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### October 25 to 31, 2020 - Individuals Served - Food\*

Please specify the number of individuals that were served food between October 25 and 31, 2020 through this grant funding.

1775

### October 2020 Projections - Food

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

1000

### October 2020 - Actual Total # Served - Food\*

Please specify how many individuals were served food in **October 2020** through this grant funding.

1371

### October 25 to 31 - 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 October 25 to 31, 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 through program partners:

33701: 15  
33702: 33  
33703: 15  
33704: 41  
33705: 131  
33708: 88  
33709: 41  
33710: 105  
33711: 200  
33712: 147  
33713: 148  
33714: 104  
33716: 7  
33731: 13  
33755: 59  
33756: 35  
33759: 35  
33760: 35  
33761: 7  
33762: 29  
33763: 7  
33764: 35  
33765: 7  
33770: 7  
33771: 72

33777: 7  
33778: 41  
33781: 7  
33782: 7  
34677: 7  
34683: 7  
34685: 7  
34689: 7  
34695: 167  
34698: 87

## *Cost Reimbursement Basis - Justification of Expenditures*

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### **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.

OCT Reimbursables PCF CARES.pdf

I had trouble with the Reimbursement Form, so I did one manually. All the data is in the tabs of the worksheet, it just wouldn't populate the form.