

FollowUp Form

Pinellas CARES Nonprofit Partnership Fund

Project Name*

Feeding Kids During COVID in Pinellas County

Amount Awarded for Future Programming

\$10,000.00

Amount Spent - September 27 to 30, 2020*

How much grant funding was spent between **September 27 to 30, 2020**?

\$971.56

Amount Spent - September 2020*

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

\$1,046.56

Amount Spent - October 1 to 3, 2020*

How much grant funding was spent between **October 1 to 3, 2020**?

\$597.84

Amount Spent as of October 3, 2020*

How much of the awarded funding was spent **from project inception to October 3, 2020**?

\$1,644.40

Brief Spending Narrative*

Please briefly explain the spending activities from **September 27 to October 3, 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 \$1494.40 on food.

We spent \$75 on extra cleaning for COVID safety

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.

Mary Jo Plews, L.C.S.W., of Pinellas County Healthy Start Coalition, sent us a sweet collage of pictures of the children in her program enjoying the snacks The Kind Mouse provides for them each week day as well as food sent home for the weekend. It is so important for these low-income pre-schoolers to receive food assistance prior to gaining access to federally-funded school meal programs. It is truly gratifying to see the smiles on their little faces as they open their packages of food.

Food Metrics

Please read this section's instructions carefully.

For easy reference, below are the reported numbers of individuals served from your previous weekly reports during the month of September. Please sum these numbers together with the reported number of individuals served between September 27 and 30, 2020.

September 1 to 5, 2020 - Individuals Served - Food

September 6 to 12, 2020 - Individuals Served - Food

September 13 to 19, 2020 - Individuals Served - Food

1105

September 20 to 26, 2020 - Individuals Served - Food

1083

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

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

1202

September 2020 - Actual Total # Served - Food*

Please verify the numbers above for correctness. Then please sum the numbers above from your previous reports, and add the individuals served **food** through this funding for the dates of September 27 to 30, 2020. This is your total for how many individuals were served food in **September 2020** through this grant funding.

1130

September 2020 Projections - Food

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

1000

October 1 to 3, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food between October 1 and 3, 2020 through this grant funding. **Do NOT include this number in your sum total above of the number of individuals served for September.**

1202

September 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.**

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 distributed through our program partners:

33695: 65

33701: 5

33702: 56

33703: 5

33704: 111

33705: 304

33707: 5

33708: 105

33709: 5

33710: 5

33711: 104

33712: 139

33713: 5

33714: 5

33716: 5

33731: 80

33755: 40

33756: 5

33759: 4

33760: 5

33761: 5

33763: 5

33764: 4

33765: 4

33770: 4

33771: 44

33777: 4

33778: 40
33781: 4
33782: 4
34683: 4
34685: 4
34689: 4
34695: 4
34698: 4

October 1 to 3 - 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.**

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Food distributed through our program partners:

33695: 65
33701: 5
33702: 56
33703: 5
33704: 111
33705: 304
33707: 5
33708: 105
33709: 5
33710: 5
33711: 104
33712: 139
33713: 5
33714: 5
33716: 5
33731: 80
33755: 40
33756: 5
33759: 4
33760: 5
33761: 5
33763: 5
33764: 4

33765: 4
33770: 4
33771: 44
33777: 4
33778: 40
33781: 4
33782: 4
34683: 4
34685: 4
34689: 4
34695: 4
34698: 4

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.

2020-1027 PCF report Sept 2020.pdf