

# 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*

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

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### **Project Name**

COVID-19 Pinellas Relief

### **Priority Funding Areas**

Food  
Eviction Mitigation through Legal Aid

### **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**

\$129,000.00

### Amount Spent - December 27 to 30, 2020\*

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

\$0.00

### Amount Spent - December 2020\*

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

\$129,000.00

### Amount Spent as of December 30, 2020\*

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

\$129,000.00

### 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.

Metropolitan Ministries spent the grant award the week of 12/6 to 12/13 on food needed to supply food boxes for the last two weeks of December. This month, Metropolitan Ministries served 4,491 households with food boxes, which cost approximately \$134,730 to distribute at \$30 per box. 4,491 households are composed of approximately 13,473 individuals. Number of individuals is an approximate estimate based on average of 3 members per household.

### 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.

Earlier this year, Marie's husband suffered a horrible car accident that left him with 16 broken ribs. After a long stay in the hospital the bills began to pile high. Soon after, they lost their home in the middle of COVID-19. Searching for hope, she reached out for help. Thanks to you, Marie and her family will receive a holiday food box and gifts for their kids.

## *Food Metrics*

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### **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.

0

### **December Projections - Food**

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

15050

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

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

4491

### **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

Program Service Zip Code data is listed below. Zip code data is not available for individual households served with food boxes.

Food Distribution Site at Dream Center of Florida

33714: 1200

Food Distribution Site at Helping Hands

33759: 260

Food Distribution Site at Positive Impact

33711: 1386

Food Distribution Site at Meals on Wheels for Kids

33705: 483  
Food Distribution Site at United Way North Greenwood  
33755: 239  
Food Distribution Site at Oldsmar Cares  
34677: 291  
Food Distribution Site at Skinner Foundation  
33703: 188  
Food Distribution Site at United Way/Campbell Park Johns Hopkins  
33705: 444

## *Eviction Mitigation through Legal Aid*

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### **December 27 to 30, 2020 - Individuals Served - Eviction Mitigation\***

Please specify the number of individuals that were given legal aid services for eviction mitigation between **December 27 and 30, 2020** through your programming.

0

### **December Projections - Eviction Mitigation**

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

0

### **December - Percentage of Eviction Actions Resolved**

This was the percentage of evictions actions your organization projected it would resolve to allow residents to remain in their homes in **December 2020**.

0

### **December 2020 - Actual Total # Served - Eviction Mitigation\***

Please specify how many individuals were given legal aid services for eviction mitigation through this funding in **December 2020**.

0

### **December 2020 - Actual % Eviction Actions Resolved\***

Please specify the percentage of eviction actions that **were resolved** to allow residents to remain in their homes in **December 2020 through** this grant funding.

0

### December 27 to 30, 2020 - ZIP Codes of Individuals Served - Eviction Mitigation\*

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**

Legal Clinic (Program Service ZIP Code)  
33705: 15

Zoom Meditation Session w/Client (Participant ZIP Codes)  
33782: 5  
33764: 3  
33760: 8  
n/a

## *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.

Metro Ministries Reimbursement Request with Docs Combined.pdf

The invoice # amount was reduced in the excel file because the total amount spent was over by approximately \$5600 of the approved budget. The remaining back up will be emailed as I am unable to combine the files into 1 document at this time.

### 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/DCF7RN>

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I have completed this survey