

# FollowUp Form

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## *Website*

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Has this report been posted on the PCF website?

Yes

## *Introductory Questions*

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Have you completed the anonymous survey about your experience with this CARES grant process?\*

Yes

Do you have expenses to report for 12/31/20 to 1/31/21 under your CARES grant?\*

Yes

## *Pinellas CARES Nonprofit Partnership Fund*

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**Project Name**

Nutrition Services CARES Act Meals funding

**Priority Funding Areas**

Food

**Award Type**

Installment

**Amount Awarded for Future Programming**

\$2,264,991.00

**Amount Spent - December 31, 2020 to January 31, 2021\***

How much grant funding was spent **between December 31, 2020 and January 31, 2021?**

\$277,342.00

**Amount Spent as of January 31, 2021\***

How much of the awarded funding was spent from project inception to January 31, 2021?

\$1,746,724.00

**Brief Spending Narrative\***

Please briefly explain the spending activities from **December 31, 2020 to January 31, 2021**. If you have not expended any funds, please return to the top of this report and indicate so.

**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.

We reviewed requests for reimbursement for pre-contract and September 10 through December 31. Any budgeted funds remaining were applied to the same line item for recurring expenses. We did not purchase additional items.

**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.

"Thank you and all your workers for giving us seniors, who are shut ins, good food properly portions, hot, and most of all the smiles on all who deliver. It is great to now people care and are serving us seniors. Keep up the good work around the community." John W.

***Food Metrics*****December 31, 2020 to January 31, 2021 - Individuals Served - Food\***

Please specify the number of individuals that were served food between **December 31, 2020 to January 31, 2021** through this grant funding.

0

### December 31, 2020 to January 31, 2021 - 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 time between December 31, 2020 to January 31, 2021.**

**FOLLOW THE EXAMPLE FORMAT EXACTLY, INCLUDING THE COLON.**

**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  
0

## *Advanced Funds - Justification of Expenditures*

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### 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.

2021 January Pinellas-CARES-Advanced-Funds-Monthly-Expense-Reporting-Form FINAL.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.