

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

Nutrition Services CARES Act Meals funding

Priority Funding Areas

Food

Award Type

Installment

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

\$2,264,991.00

Amount Spent - September 27 to 30, 2020*

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

\$0.00

Amount Spent - September 2020*

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

\$8,261.00

Amount Spent - October 1 to 3, 2020*

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

\$0.00

Amount Spent as of October 3, 2020*

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

\$8,261.00

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.

Our primary expense for September 10 through September 30 was payroll. We did not start purchasing supplies until after the contract date of September 10 and most invoices were received in October.

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.

"Marilyn" is 91 years old and lives alone in her own home. She told me how grateful she is for Meals on Wheels. "I live on \$845 a month. I could not survive without Meals on Wheels".

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**

0

September 13 to 19, 2020 - Individuals Served - Food

0

September 20 to 26, 2020 - Individuals Served - Food

0

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.

0

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.

0

September 2020 Projections - Food

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

1700

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.**

0

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
0

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.**

FOLLOW THE EXAMPLE FORMAT EXACTLY.

ZIP CODE: Number served

Example

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0

Advanced Funds - Justification of Expenditures

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.

September report.pdf

No meals were served with CARES funding in September. We have included payroll expenses, cost for background checks and the increased cost for volunteer management software.