

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

Supporting our Girls at Pace Pinellas

Priority Funding Areas

Food
Behavioral Health

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

\$41,206.82

Amount Spent - November 29 to 30, 2020*

How much grant funding was spent between **November 29 and 30, 2020?**

\$0.00

Amount Spent - November 2020*

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

\$9,247.00

Amount Spent - December 1 to 5, 2020*

How much grant funding was spent between **December 1 and 5, 2020**?

\$12,495.00

Amount Spent as of December 5, 2020*

How much of the awarded funding was spent from project inception to December 5, 2020?

\$21,742.00

Brief Spending Narrative*

Please briefly explain the spending activities from **November 29 to December 5, 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.

Pace Pinellas spent \$1021.90 on program personnel, \$11,223.60 on 20 laptops for girls and \$250.20 on meals for 9 individuals

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.

Nancy has benefitted from both food and behavioral health services. Due to COVID-19 Nancy has been working and receiving services remotely. She has been working well with her counselor to address her social services goals that were established before the pandemic as well as creating additional coping skills the deal with the added pressures of COVID-19 and the isolation away from her friends. Nancy's counselor meets with her bi-weekly for their regularly scheduled session and she delivers weekly meals to Nancy and her family. With the additional support provided through the CARES grant, Nancy has been able to continue to focus on her academics which has resulted in her earning all A's for the first academic quarter and being awarded the Pace Pinellas Academic Excellence Award.

Food Metrics

November 29 to 30, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food by your organization between **November 29 and 30, 2020** through this grant funding.

0

December 1 to 5, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food by your organization between **December 1 and 5, 2020** through this grant funding.

9

November 2020 Projections - Food

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

20

November 2020 - Actual Total # Served - Food*

Please specify how many individuals were served food by your organization in **November 2020** through this grant funding.

45

November 29 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 November 29 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

food was distributed earlier in the week

December 1 to 5 - 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 December 1 to 5, 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

33705: 7

33712: 2

Behavioral Health Metrics

November 29 to 30, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between **November 29 and 30, 2020** through this funded programming.

3

December 1 to 5, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between **December 1 and 5, 2020** through this funded programming.

14

November Projections - Number Served - Behavioral Health

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

58

November 2020 - Actual Total # Served - Behavioral Health*

Please specify how many individuals were given behavioral health services through this funded programming in **November 2020**.

43

Measurement - Behavioral Health

This is the measurement that your organization specified it would use to measure progress through this grant.

Children's Functional Assessment Rating Scale (CFARS)

November Projections - Progress Rate - Behavioral Health

This was the estimated progress rate from your application for **November 2020**. This was the projected improvement based on the Measurement from your application, viewable above.

70

November 2020 - Actual Progress Rate - Behavioral Health*

Please specify the ACTUAL progress rate for **November 2020** (in a percentage) based on the Measurement indicated in your original application.

0

November 29 to 30, 2020 - ZIP Codes of Individuals Served - Behavioral Health*

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 November 29 to 30, 2020.**

FOLLOW THE EXAMPLE FORMAT EXACTLY.

ZIP CODE: Number served

Example

Group Therapy (Program Service ZIP Code)
33705: 15

Telehealth Counseling (Participant ZIP Codes)
33782: 5
33764: 3
33760: 8

Telehealth Counseling Services
33709: 1
33771: 1

33777: 1

December 1 to 5, 2020 - ZIP Codes of Individuals Served - Behavioral Health*

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 December 1 to 5, 2020.**

FOLLOW THE EXAMPLE FORMAT EXACTLY.

ZIP CODE: Number served

Example

Group Therapy (Program Service ZIP Code)
33705: 15

Telehealth Counseling (Participant ZIP Codes)
33782: 5
33764: 3
33760: 8

Telehealth Counseling Services
33702: 2
33705: 2
33707: 1
33709: 2
33712: 2
33714:1
33760: 1
33771: 1
33774: 2

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.

November Reimbursement Request.pdf

Attached is the expense report. i will send the additional documentation as I receive it from our national office

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.