

# 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*

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### **Project Name\***

COVID-19 Support-Life Skills Development

### **Priority Funding Areas**

Behavioral Health

### **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**

This is the amount your organization was awarded for spending during the grant period.

\$49,957.00

### **Amount Spent - November 15 to 21, 2020\***

How much grant funding was spent during the period of this report? **(November 15 to 21, 2020)**

\$0.00

### **Amount Spent - through November 21, 2020\***

How much of the awarded funding has been spent from the time of grant award through **November 21, 2020?**

\$0.00

## Brief Spending Narrative\*

Please briefly explain the spending activities from November 15 to 21, 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.

We have ordered some items for our production facility and are in the process of ordering the additional items, they will be reported on future reports. The salary expense will be reported on the December 3rd report.

## *Behavioral Health Metrics*

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### November 15 to 21, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between November 15 and 21, 2020 through this grant funding.

138

### November 15 to 21, 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.**

**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

Virtual Arts (Participant ZIP Codes)

33547: 1

33701: 1

33702: 2

33703: 1

33704: 1

33705: 2

33706: 2

33707: 1

33708: 1  
33709: 19  
33710: 45  
33711: 2  
33712: 3  
33713: 2  
33714: 14  
33760: 1  
33763: 1  
33764: 1  
33765: 1  
33767: 1  
33772: 2  
33773: 1  
33777: 1  
33778: 1  
33781: 9  
34684: 1

PARC Center Industries-PCI (Participant ZIP Codes)

33706: 1  
33707: 1  
33709: 1  
33760: 1  
33775: 1  
33781: 1  
33702: 2  
33705: 2  
33710: 2  
33712: 2  
33714: 2  
33756: 2  
33711: 3