FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

COVID-19 Support-Life Skills Development

Priority Funding Areas

Behavioral Health

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

\$49,957.00

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**? \$1,558.70

Amount Spent - December 1 to 5, 2020*

How much grant funding was spent between **December 1 and 5, 2020?** \$0.00

Amount Spent as of December 5, 2020*

How much of the awarded funding was spent from project inception to December 5, 2020? \$1.558.70

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.

Funds spent so far are for the Virtual Art Director's salary paid on November 27th.

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.

Chris is an individual who has great pride in working and earning a paycheck through his Life Skills Development 3 program. Since March 25th, Chris has been unable to work, earn a paycheck, and attend his Life Skills Development 3 program. Chris was on "lock-down" in his group home setting from March until August. When the residential provider reopened their doors, it was discovered that many other Life Skills Development 3 providers had closed theirs, including the program that Chris previously attended. Through the great assistance of the CARES Grant and Pinellas Community Foundation, PARC was able to enroll Chris into our expanded production program and offer him steady work and Life Skills Development instruction. Chris will now work an average of 20+/- hours per pay period and has the opportunity to interact and socialize with his peers.

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.

140

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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.

140

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.

166

November 2020 - Actual Total # Served - Behavioral Health*

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

140

Measurement - Behavioral Health

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

Progress is indicated through a person-centered meeting with the individual and his or her circle of supports.

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.

80

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.

100

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
   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
   33710:46
   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)
   33702: 2
   33705: 2
   33706:1
   33707:1
   33709:1
   33710:3
   33711:3
   33712: 2
   33714: 2
   33756: 2
   33760:1
```

33775: 1 33781: 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.

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ZIP CODE: Number served

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   33709: 19
   33710:46
   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

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34684:1

PARC Center Industries-PCI (Participant ZIP Codes)

33702: 2

33705: 2

33706: 1

33707:1

33709:1

33710:3

33711:3

33712: 2

33714:2

33756: 2

33760: 1

33775:1

33781:1

Cost Reimbursement Basis - Justification of Expenditures

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.

PARC November Reimbursement Request-FINAL.pdf Included in this file our payroll policy document. Our payroll system is electronic.

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.