

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

Emergency Services Expansion due to COVID-19

Priority Funding Areas

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

\$540,991.00

Amount Spent - October 25 to 31, 2020*

How much grant funding was spent between **October 25 and 31, 2020**?

\$15,766.97

Amount Spent - October 2020*

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

\$15,766.97

Amount Spent as of October 31, 2020*

How much of the awarded funding was spent from project inception to October 31, 2020?

\$15,766.97

Brief Spending Narrative*

Please briefly explain the spending activities from **October 25 to October 31, 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.

Personal Enrichment Through Mental Health Services expenses for this week included \$13,850 for a 50% deposit on Psych Recliners.

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.

CALLER IS A 75-YEAR-OLD FEMALE REPORTING SHE IS IN ALABAMA AND DUE TO THE HURRICANE, SHE HAS NOT HAD FACILITIES OR WATER WHERE SHE IS RENTING. CALLER REPORTS HAVING TO GO TO A MOTEL. NOW THAT THE ELECTRIC IS BACK ON SHE REPORTS BEING BACK IN HER APARTMENT. WHO SHE RENTS FROM, IS DRUNK BY 4 PM. CALLER REPORTS HAVING SUICIDAL THOUGHTS AND REPORTS SHE HAS NO OTHER FAMILY OR FRIENDS, NO PLAN OR NO MEANS. CALLER ALSO REPORTS SHE LOST HER DOG, WHICH WAS HER ONLY FAMILY. CALLER WANTS HELP AND IS WILLING TO FOR WRITER TO CONTACT MOBILE CRISIS IN THE BALDWIN COUNTY AREA. WRITER SPOKE TO JUDY WITH MCRT XXX-XXX-XXX AND GAVE ALL INFORMATION FOR CALLER. WRITER AGAIN SPOKE TO CALLER REGARDING JUDY FROM MOBILE CRISIS CONTACTING HER AND GIVING WRITERS DIRECT LINE AND HOURS OF OPERATION. CALLER IS SAFE AND THANKFUL THE INFORMATION GIVEN.

Behavioral Health Metrics

October 25 to 31, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between **October 25 and 31, 2020** through this grant funding.

339

October Projections - Number Served - Behavioral Health

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

1980

October 2020 - Actual Total # Served - Behavioral Health*

Please specify how many individuals were given behavioral health services in **October 2020** through this grant funding.

339

Measurement - Behavioral Health

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

Crisis Hotline Tracking Form

October Projections - Progress Rate - Behavioral Health

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

85

October 2020 - Actual Progress Rate - Behavioral Health*

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

70

October 25 to 31, 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 the week of October 25 to 31, 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

n/a

Comment: *Section Edited administratively to correct formatting*

Original Submission was as follows but was removed due to incorrect formatting:

The new digital iphone system has not been installed yet. The provider's estimate for the implementation is mid-November.

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.

October Reimbursement Request.pdf