

# 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*

Please do not submit your final December report until all supporting fiscal documentation has been collected and can be compiled for submission.

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### **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**

\$558,680.00

### **Amount Spent - December 27 to 30, 2020\***

How much grant funding was spent between **December 27 and 30, 2020?**

\$10,401.44

### Amount Spent - December 2020\*

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

\$121,896.11

### Amount Spent as of December 30, 2020\*

How much of the awarded funding was spent from project inception to December 30, 2020?

\$321,484.57

### Brief Spending Narrative\*

Please briefly explain the spending activities from **December 27 to December 30, 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.

PEMHS expenses for this week included \$9,201.43 for Digital Phone Services. All of the remaining budgeted expenses have encountered delays that were beyond PEMHS control. As such final invoices were not received prior to December 30, 2020.

### 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 reports he doesn't want to burden the family with the fact that he wants to harm himself. Caller reports he does not feel like his family loves him. He could talk to his sister but she just got married and he doesn't want to burden her. Caller reports he has guns, knives, swords. He enjoys doing things for others and does not care about himself. Caller reports no one ever comes to visit him. His family members never came to his house. Caller reports he is divorced and has called the suicide hotline several times. The caller is interested in help and will take PASCO Mobile Crisis Response Team number 727-834-5700. The caller also took the writer's direct line and reports he will remain safe and try the resources provided during the call. The caller continued to talk about a video game he plays explaining how it works. The caller seems much calmer at the end of the call. Caller reports he will stay safe.

## ***Behavioral Health Metrics***

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### **December 27 to 30, 2020 - Individuals Served - Behavioral Health\***

Please specify the number of individuals that were given behavioral health services between **December 27 and 30, 2020** through your programming.

259

### **December Projections - Number Served - Behavioral Health**

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

2125

### **December 2020 - Actual Total # Served - Behavioral Health\***

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

1527

### **Measurement - Behavioral Health**

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

Crisis Hotline Tracking Form

### **December Projections - Progress Rate - Behavioral Health**

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

90

### **December 2020 - Actual Progress Rate - Behavioral Health\***

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

72

### **December 27 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 the week of December 27 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  
    33782: 1527

## *Advanced Funds - Justification of Expenditures*

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### **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.

December Reimbursement Request.pdf

We were only able to obtain 2 quotes for the Modulars due to a very short due date for the CARES Grant program completion. No other company would commit to such a short notice.

### **Does the above documentation 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.

## *Final Survey*

We would like your feedback on the CARES experience. Please complete the following anonymous survey:

<https://www.surveymonkey.com/r/DCFW7RN>

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I have completed this survey