

# 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\***

Be the Difference COVID-19

### **Priority Funding Areas**

Food

### **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**

\$13,200.00

### **Amount Spent - October 25 to 31, 2020\***

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

\$1,316.10

### **Amount Spent - October 2020\***

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

\$4,721.39

## Amount Spent as of October 31, 2020\*

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

\$6,475.68

## 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.

\$3517.37 was used to purchase food items for the Food Pantry and the Hospitality Ministry. \$1204.02 purchased items that will be distributed in November. We began to purchase early items to prepare 150 Thanksgiving basket to distribute to food insecure families due to COVID-19. We have experience merchants are still limiting the number of items we can purchase at a time so many trips to Wal-Mart. 8 total receipts for this time frame were purchased with Gift Cards following our previously submitted procedure. Will provide a copy of the purchase on church visa for proof of purchase but will only show the expense of actual expense. Spread sheet will be included in support documentation

## 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.

A woman comes to the pantry on a weekly basis. She shared, with tears streaming down her face, with one of our volunteers that she was so incredibly thankful for the weekly support of quality food. She moved to Pinellas county in late March. Was involved in an accident. She stated that although her health is getting better she has been unable to get work due to COVID. As she stated a "double blow" at the same time. She said our pantry was the only place she could find food to help with her need

## Food Metrics

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### October 25 to 31, 2020 - Individuals Served - Food\*

Please specify the number of individuals that were served food between October 25 and 31, 2020 through this grant funding.

294

### October 2020 Projections - Food

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

2007

**October 2020 - Actual Total # Served - Food\***

Please specify how many individuals were served food in **October 2020** through this grant funding.

1951

**October 25 to 31 - 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 the week of October 25 to 31, 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 Distribution at Pasadena Community Church  
33707: 242

Food Distribution at Florida resurrection House  
33705: 52

***Cost Reimbursement Basis - Justification of Expenditures***

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**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.

october expenses.pdf

The Sam's and Visa Statements have not been received as of this date. Will send as support documents when paid and checks clear the bank.

Upon reconciliation of the month we caught that on Receipt #2 there was \$2.45 in tax that had been submitted on the weekly report and on Receipt #4 there was .07 tax. We deducted those from the total. Please advise if we need to change the weekly report or if the change in the total month is sufficient.