

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

PlacementWorks COVID Behavioral Support

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

\$187,790.00

Amount Spent - October 25 to 31, 2020*

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

\$2,953.66

Amount Spent - October 2020*

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

\$17,024.84

Amount Spent as of October 31, 2020*

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

\$47,660.30

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.

PlacementWorks expended \$2953.66 to pay occupancy costs related to the CARES grant.

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.

D.M. has struggled with depression and other mental health challenges most of her life. The most frustrating part of D.M.'s diagnosis is that some of the time she feels fine, but when she is having what she describes as an "off" day, it is really hard and she doesn't want to get out of bed. In mid-October, D.M. was invited to the PlacementWorks (PW) telehealth calls that occur on Tuesday nights. D.M. has worked with one of the PW team members for years and thought that D.M. might enjoy meeting people during the group calls. D.M. stated she wanted to try, but needed to work up to it and wanted to have one-on-one sessions first. Also, D.M. lost her job as a part-time art instructor due to COVID.

After several individual calls, D.M. is ready to join the group telehealth calls with her iPad and is looking forward to meeting new people. She was introduced to another organization that may want to hire her as an art teacher and she stated "I feel like my life is finally looking up again!"

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.

53

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.

100

October 2020 - Actual Total # Served - Behavioral Health*

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

105

Measurement - Behavioral Health

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

Beck Depression Inventory

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.

75

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.

88

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

Group Therapy

33761: 4

33701: 32

33713: 5

33711: 2

33707: 2

33704: 3

Telehealth Counseling

33703: 1

33710: 1

33712: 1

33706: 1

33771: 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.

PW-Pinellas-CARES-Reimbursement-Request-Form.FINAL_OCT.pdf

The Budget Summary was adjusted due to a reduction in the CEO's salary allotment per a meeting with PCF's CEO, Duggan Cooley that was held on 11/20/20. (A request to take De Minimus funds and allocate them toward the Personnel line item is pending.)