

# FollowUp Form

---

## *Website*

---

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.

---

### **Project Name**

eMergU Expansion Project - Pinellas County

### **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**

\$101,552.85

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

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

\$8,720.00

### Amount Spent - December 2020\*

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

\$54,019.00

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

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

\$101,273.00

### 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.

Project LINK is in the 9th and final week of the program. Expenses include personnel, social worker, site coordinator, intake coordinators and therapist fees for 28 clients.

### 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.

This month was a difficult month for many of the clients, because of the holidays and many families could not celebrate in their traditional manner. This month a client by the name of Ms. Deeds was suffering from indications of PTSD due the pandemic and fears of living her home. Ms. Deeds was expressing excessive arousal that included increased anger, fits of rage, irritability, and difficulty sleeping. She was hesitate of meeting someone new to rehash some of her same stories she had experienced but after going through couple therapists, we found a match that she was comfortable to express her concerns and desires. I'm happy to say Ms. Deeds is making improvements in her journey and the therapist has agreed to continue services after the grant period.

## *Behavioral Health Metrics*

### 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.

28

### 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.

100

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

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

100

### Measurement - Behavioral Health

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

The Beck Depression Inventory (BDI)

### 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.

70

### 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

33755: 3  
33756: 6  
33709: 17  
33711: 2

## *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.

Project LINK -Pinellas-CARES-December 2020 Reimbursement-Request-Form.FINAL.pdf

### **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.

## *Final Survey*

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

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

---

\*

I have completed this survey