

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

RCS Food Bank

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

\$97,667.04

Amount Spent - December 27 to 30, 2020*

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

\$19,999.25

Amount Spent - December 2020*

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

\$28,622.00

Amount Spent as of December 30, 2020*

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

\$85,485.00

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.

We spent the bulk of the funds on food purchases, transportation, and supply orders for the mobile pantry. Also, in December we experienced an unexpected increase in transportation/local travel costs that took us over our budget for that category, so in total we have spent more than what we are able to request for December.

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.

Success Story: Q&A Form

What challenge brought you to Hope Villages? What did life look like? How were you feeling when you arrived?

I'm on a fixed income and do not have enough of money for food during the month. It often feels scary when I do not have enough, but I feel hopeful when I arrive to the Food Bank.

What solution did you hope for when you came to us? What did you think life would look like with that solution?

I was hoping to get enough to eat and help subsidize with grocery money. I thought life would look like not feeling hungry, but stronger.

How did Hope Villages help you? How do you feel about these services and the team members you worked with?

Hope Villages provided food and gave me hope to keep going on in life. The team members were very good to me, friendly, and help take care of my food needs.

What services or experience put you on a better path forward?

The food services put me on a better path for the month.

How has life changed?
Gives me hope

Food Metrics

December 27 to 30, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food between **December 27 and 30, 2020** through this grant funding.

374

December Projections - Food

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

4658

December 2020 - Actual Total # Served - Food*

Please specify how many individuals were served food through this funded programming in **December 2020**.

3876

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

December total individuals by zip code:

33711: 147
33755: 670
33756: 970
33759: 120
33760: 116
33761: 28
33762: 13
33763: 109
33764: 220
33765: 227
33767: 16
33770: 336
33771: 324
33773: 111
33774: 95
33778: 165
33785: 3
34660: 74
34677: 14
34695: 18
34698: 99

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.

FINAL CARES Dec 2020 Invoice.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/DCF7RN>

*

I have completed this survey