FollowUp Form

Pinellas CARES Nonprofit Partnership Fund

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 - September 27 to 30, 2020*

How much grant funding was spent between **September 27 to 30, 2020**? \$0.00

Amount Spent - September 2020*

How much grant funding was spent during the **entire month of September 2020**? \$0.00

Amount Spent - October 1 to 3, 2020*

How much grant funding was spent between **October 1 to 3, 2020?** \$0.00

Amount Spent as of October 3, 2020*

How much of the awarded funding was spent **from project inception to October 3, 2020**? \$0.00

Brief Spending Narrative*

Please briefly explain the spending activities from **September 27 to October 3, 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 had not expended any funds through October 3, 2020 because we did not have a fully executed contract, except for our temp. The temp invoices are sent 2-3 weeks after the expenses are incurred. In order to stay consistent, we will list the amount expended when the invoice is paid, similar to how we will report payroll.

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.

Brad reached out to RCS Food Bank to voice how grateful and thankful he is for the services he has received from RCS Food Bank over the years. Brad has been a client of RCS Pinellas Food Bank since 2010, he mentioned that he had been homeless for over fourteen years, and recently he has been placed into permanent housing with ongoing case management, he is doing really great now, and very thankful for RCS Pinellas kind staff, and being there for him in his time of need and the food services provided.

Food Metrics

Please read this section's instructions carefully.

For easy reference, below are the reported numbers of individuals served from your previous weekly reports during the month of September. Please sum these numbers together with the reported number of individuals served between September 27 and 30, 2020.

September 1 to 5, 2020 - Individuals Served - Food

September 6 to 12, 2020 - Individuals Served - Food

September 13 to 19, 2020 - Individuals Served - Food

September 20 to 26, 2020 - Individuals Served - Food

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

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

364

September 2020 - Actual Total # Served - Food*

Please verify the numbers above for correctness. Then please sum the numbers above from your previous reports, and add the individuals served **food** through this funding for the dates of September 27 to 30, 2020. This is your total for how many individuals were served food in **September 2020** through this grant funding.

364

September 2020 Projections - Food

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

2642

October 1 to 3, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food between October 1 and 3, 2020 through this grant funding. Do NOT include this number in your sum total above of the number of individuals served for September.

537

September 27 to 30 - 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.

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 RCS Pinellas (33756)
   33711:6
   33755: 57
   33756: 98
   33759:8
   33760:14
   33762: 2
   33763:8
   33764: 29
   33765:21
   33767:3
   33770:23
   33771:42
   33773:15
   33774: 18
   33778: 4
   34660:7
   34677:2
   34698: 7
```

October 1 to 3 - 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.

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 Site at RCS Pinellas (33756)
   33711:20
   33755: 101
   33756: 145
   33759: 19
   33760:19
   33761:5
   33762: 2
   33763: 22
   33764: 35
```

33765: 24 33770: 48 33771: 36 33773: 6 33774: 5 33778:19 34660: 17 34695: 1 34698: 13

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.

Waiting on clarification on requesting reimbursement from expenses submitted with application.

Website

Has this report been posted on the PCF website?