

# 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\***

Basic Needs for Pediatric Patient Families During COVID-19

### **Priority Funding Areas**

Food

### **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**

This is the amount your organization was awarded for spending during the grant period.

\$144,390.80

### **Amount Spent - November 15 to 21, 2020\***

How much grant funding was spent during the period of this report? (**November 15 to 21, 2020**)

\$371.80

### **Amount Spent - through November 21, 2020\***

How much of the awarded funding has been spent from the time of grant award through **November 21, 2020**?

\$371.80

## Brief Spending Narrative\*

Please briefly explain the spending activities from November 15 to 21, 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.

Ronald McDonald House received approval this week for our program, so meals that had already been scheduled previously will come out of the grant funding. We will begin building the program out to include bedside families next week, so you will see funds being utilized on an increasing basis from here out.

## Food Metrics

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### November 15 to 21, 2020 - Individuals Served - Food\*

Please specify the number of individuals that were served food between November 15 and 21, 2020 through this grant funding.

80

### November 15 to 21, 2020 - 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 Ronald McDonald Houses on Johns Hopkins All Children's Hospital campus  
(program service ZIP Code)  
33701: 80