

# 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\***

Rhythm Changes - Social Emotional Wellness through Music, Art and Connection

### **Priority Funding Areas**

Behavioral Health

### **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.

\$77,457.00

### **Amount Spent - December 13 to 19, 2020\***

How much grant funding was spent during the period of this report? (**December 13 to 19, 2020**)

\$5,500.00

### **Amount Spent - through December 19, 2020\***

How much of the awarded funding has been spent from the time of grant award through **December 19, 2020**?

\$63,319.39

### Brief Spending Narrative\*

Please briefly explain the spending activities from December 13 to 19, 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.

5 Virtual Drum Circles during the week

Executive Director: \$1,750.00

Assistant Executive Director: \$250.00

Curriculum Guide Writer: \$3,000.00

Scheduling Co Ordinator Forms Manager: \$500.00

## *Behavioral Health Metrics*

### December 13 to 19, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between December 13 and 19, 2020 through this grant funding.

36

### December 13 to 19, 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.**

**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

34683: 20

33705: 16