

FollowUp Form

Pinellas CARES Nonprofit Partnership Fund

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 - September 20 to 26, 2020*

How much grant funding was spent during the period of this report? (**September 20 to 26, 2020**)

\$0.00

Amount Spent - through September 26, 2020*

How much of the awarded funding has been spent from the time of grant award through **September 26, 2020**?

\$0.00

Brief Spending Narrative*

Please briefly explain the spending activities from September 20 to 26, 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.

Our contract was signed on September 24th. The executive Director and Executive Assistant both worked 16 hours each from Sept 24 through 26 to prepare for program delivery the following week. These hours were specifically for this CARES Grant project. Checks will be issued the following week of 10/4 -10/9.

Behavioral Health Metrics

September 20 to 26, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between September 20 and 26, 2020 through this grant funding.

0

September 20 to 26, 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

N/A

Comment: *Response was changed administratively to N/A.*

Original response was as follows; however, was removed because it did not match the format requested: Our contract was signed on September 24th. Program delivery will begin October 5