

# FollowUp Form

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## *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

### **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**

\$77,457.00

### **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.

Because the contract was signed on September 24th, this was the first full week of program set up for this grant. The Executive director worked full time 40 hours, the Executive Assistant worked 5 hours, and the Scheduling Coordinator worked 15 hours on scheduling set up, and Communications Specialist worked for 6 hours preparing for this grant.

The checks for these hours will be issued the week of 10/4/2020.

## 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.

No programming was started this week, as scheduling was taking place as the responses were coming in and teachers were getting excited about being able to participate in the virtual drum circle.

The teachers are very excited about this grant opportunity.

## *Behavioral Health Metrics*

### September 27 to 30, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between September 27 and 30, 2020 through this grant funding.

0

### October 1 to 3, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between October 1 and 3, 2020 through this grant funding.

0

### September Projections - Number Served - Behavioral Health

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

0

### September 2020 - Actual Total # Served - Behavioral Health\*

Please specify how many individuals were given behavioral health services in September 2020 through this grant funding.

0

### Measurement - Behavioral Health

This is the measurement that your organization specified it would use to measure progress through this grant.

The Music Teacher Observation and Rating Scale

### September Projections - Progress Rate - Behavioral Health

This was the estimated progress rate from your application for **September 2020**. This was the projected improvement based on the Measurement from your application, viewable above.

75

### September 2020 - Actual Progress Rate - Behavioral Health\*

Please specify the ACTUAL progress rate for **September 2020 (in a percentage)** based on the measurement indicated in your original application.

0

### September 27 to 30, 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

## October 1 to 3, 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

## *Cost Reimbursement Basis - Justification of Expenditures*

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### **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.

Pinellas-CARES-Reimbursement-Request-Form.FINAL September 2020\_.pdf

## File Attachment Summary

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### *Applicant File Uploads*

- Pinellas-CARES-Reimbursement-Request-Form.FINAL September 2020\_.pdf

**Pinellas Community Foundation**

**Pinellas CARES Nonprofit Partnership Fund Grant Reimbursement Request**

Organization Name: Rhythm Changes\_\_\_\_\_

Month: \_\_September 2020\_\_\_\_\_

<b>Budget Category/Line Item</b>	<b>Program Budget - Total</b>	<b>Cumulative expenses as of end of Prior Month</b>	<b>Current Month Reimbursement Request</b>	<b>Total Expended to Date</b>
Personnel <i>(provide payroll registers, should include hours worked (i.e. timesheet) and rate per hour, and documentation to allocate payroll between CARES Act pay and regular pay)</i>	\$ 60,900	\$ -	\$ -	\$ -
Equipment <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	7,629		-	\$ -
Supplies <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	8,250		-	\$ -
Occupancy <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	-		-	\$ -
Local Travel <i>(for mileage use Mileage Reimbursement tab for other local travel expenses provide receipts and check stubs/credit card statements)</i>	-		-	\$ -
Training <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	-		-	\$ -
Design, Printing, Marketing & Postage <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	-		-	\$ -
Capital <i>(provide invoices/receipts and check stubs/credit card statement showing payment - for purchased over \$10,000 provide documentation of 3 quotes)</i>	-		-	\$ -
Purchased Services <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	-		-	\$ -
<b>TOTAL</b>	<b>\$ 76,779</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

By signing the reimbursement request you affirm that expenses were to create new programs or expand programs that are necessary to address the COVID-19 pandemic.

Prepared By: Doris Dimon\_\_\_\_\_ : Date: \_10/13/2020\_\_

Reviewed By: \_Steven Turner\_\_\_\_\_ : Date: 10/13/2020\_\_\_\_\_