

# 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*

Please do not submit your final December report until all supporting fiscal documentation has been collected and can be compiled for submission.

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### **Project Name**

Sustaining the Food Center During COVID-19

### **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**

\$82,330.51

### **Amount Spent - December 27 to 30, 2020\***

How much grant funding was spent between **December 27 and 30, 2020?**

\$5,244.63

### Amount Spent - December 2020\*

How much grant funding was spent during the **entire month of December 2020**?

\$57,028.54

### Amount Spent as of December 30, 2020\*

How much of the awarded funding was spent from project inception to December 30, 2020?

\$67,192.24

### Brief Spending Narrative\*

Please briefly explain the spending activities from **December 27 to December 30, 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.

SVdP CARES purchased additional food to support increase in clients needing food due to COVID.

### 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.

This Christmas was unique and we weren't sure what to expect. That said, 42 Christmas baskets were provided which included a turkey. The only way this was possible was with the additional freezer storage!

## Food Metrics

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### December 27 to 30, 2020 - Individuals Served - Food\*

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

1852

### December Projections - Food

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

7970

### December 2020 - Actual Total # Served - Food\*

Please specify how many individuals were served food through this funded programming in **December 2020**.

7406

### October 25 to 31 - 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 for the week of October 25 to 31, 2020.**

**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

Meal service at Food Center, 401 15th Street N St. Petersburg, FL (Program Service ZIP Code)  
33705: 1852

## *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.

00 2020-12 Full Billing and Back up Signed.pdf  
Attached.

**Does the documentation above contain live signatures?\***

The accounting documentation above requires live signatures on the template in the "Prepared by" and "Reviewed by" lines. Please check that signatures are present, and affirm this by checking the box below.

Yes, there are live signatures in the documentation attached above.

*Final Survey*

We would like your feedback on the CARES experience. Please complete the following anonymous survey:

<https://www.surveymonkey.com/r/DCFW7RN>

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I have completed this survey