

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

Feeding and supporting the poor and homeless

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

\$11,700.00

Amount Spent - October 25 to 31, 2020*

How much grant funding was spent between **October 25 and 31, 2020**?

\$87.00

Amount Spent - October 2020*

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

\$3,637.00

Amount Spent as of October 31, 2020*

How much of the awarded funding was spent from project inception to October 31, 2020?

\$6,621.00

Brief Spending Narrative*

Please briefly explain the spending activities from **October 25 to October 31, 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.

Earlier in the month, we provided chickens for most of our food banks and agencies.

Minor spending this week is for 60 pair of gloves, for homeless bags

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.

When we delivered chickens to Interfaith food bank in Seminole, they had run out of meat products; as the director said "Your delivery is "just in time!".

Food Metrics

October 25 to 31, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food between October 25 and 31, 2020 through this grant funding.

10

October 2020 Projections - Food

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

866

October 2020 - Actual Total # Served - Food*

Please specify how many individuals were served food in **October 2020** through this grant funding.

1544

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
33770: 10

Cost Reimbursement Basis - Justification of Expenditures

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.

October Report.pdf

The reporting continues to include mileage allowance for volunteers and I in providing services.

The allowance was proposed in lieu of the indirect costs, and has been included in our proposed amendments to the contract.