FollowUp Form

Website

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.

Project Name Benison Farm

Priority Funding Areas Food

Award Type Installment

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

\$3,645.00

Amount Spent - December 27 to 30, 2020*

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

\$0.00

Amount Spent - December 2020*

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

\$358.21

Amount Spent as of December 30, 2020*

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

\$2,291.02

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.

We only expend funds monthly.

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.

We don't often get to interact with those we serve on a personal level since we drop off the food and the volunteers at Mercy Keepers actually distribute the food. But during the holidays we met one of the families we provide for. The mother explained to us that she is trying to 'do better' in the food choices she makes for her children. And she was grateful to us for giving fresh produce to the food pantry since many times she is not able to get to the store to get what she wants to buy.

Food Metrics

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.

35

December Projections - Food

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

50

December 2020 - Actual Total # Served - Food*

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

140

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

33705: 127 33712: 13

Advanced Funds - Justification of Expenditures

Monthly Expense Reporting*

Please complete the Pinellas CARES Advanced Funds Monthly Expense Reporting 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, please put them in the field below.

DECEMBER_Pinellas-CARES-Advanced-Funds-Monthly-Expense-Reporting-Form.FINAL.pdf

This report includes all documentation for October, November and December reports.

Does the above documentation 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

*

I have completed this survey