

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

TBNEH MOW4KIDS Covid Response Expansion

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

\$550,000.00

Amount Spent - October 25 to 31, 2020*

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

\$74,632.00

Amount Spent - October 2020*

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

\$93,372.00

Amount Spent as of October 31, 2020*

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

\$180,758.00

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.

During Oct. 25-31, we wired two payments to our meal vendors to pay invoices.

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.

Ann, a single mother of two and 6 months pregnant with her third child, was walking her two young children to school every morning. She began to go into early labor and have contractions every time she stood up, so the doctor ordered her to bed rest. But she knew she had to get her kids to school so they could eat their breakfast and lunch, so she continued walking her kids to school. After a further health scare, the school's social worker insisted Ann stay home to protect her and her unborn baby's safety. They told her about a special program recently launched called, Meals on Wheels for Kids, that would deliver her family a week's worth of healthy food so she could follow her doctor's order and bed rest. Ann immediately signed up for the program and called us to let us know what a blessing it has been.

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.

433

October 2020 Projections - Food

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

3500

October 2020 - Actual Total # Served - Food*

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

1732

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

33701: 22
33703: 1
33705: 70
33707: 11
33709: 19
33710: 10
33711: 60
33712: 73
33713: 37
33714: 27
33755: 34
33756: 24
33759: 28
33760: 6
33764: 4

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.

FINAL_PCF_CARES_TBNEH_MOW4Kids_October_2020_Reimbursement_Request_Form.pdf