FollowUp Form

Website

Has this report been posted on the PCF website? Yes

Introductory Questions

Have you completed the anonymous survey about your experience with this CARES grant process?*

Do you have expenses to report for 12/31/20 to 1/31/21 under your CARES grant?*

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name TBNEH MOW4KIDS Covid Response Expansion

Priority Funding Areas

Award Type

Reimbursement for Future Programming

Amount Awarded for Future Programming

\$550,000.00

Amount Spent - December 31, 2020 to January 31, 2021*

How much grant funding was spent between December 31, 2020 and January 31, 2021?

\$47,635.00

Amount Spent as of January 31, 2021*

How much of the awarded funding was spent from project inception to January 31, 2021?

\$465,825.00

Brief Spending Narrative*

Please briefly explain the spending activities from **December 31, 2020 to January 31, 2021**. If you have not expended any funds, please return to the top of this report and indicate so.

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 expended \$47,635 in the month of january for prepared meals, shelf stable meal ingredients, and produce for our MOW4Kids program.

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.

one of our clients lost their husband whom was murdered in St. Pete 2 years ago, lost her mom and grandmother due to covid, and therefore had no safety net to help her and her children during the stressful time she lost her job and was in desperate need of food for her two children, but lacked transportation and money. side note - this family was selected to be a part of the nfl superbowl forever 55 initiative (total of 2 mow4kids families) so she can finish her degree and not have to worry about rent.

Food Metrics

December 31, 2020 to January 31, 2021 - Individuals Served - Food*

Please specify the number of individuals that were served food between **December 31, 2020 to January 31, 2021** through this grant funding.

484

December 31, 2020 to January 31, 2021 - 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 time between December 31, 2020 to January 31, 2021.

FOLLOW THE EXAMPLE FORMAT EXACTLY, INCLUDING THE COLON.

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: 19 33702: 6 33703: 3 33705: 62 33707: 10 33709: 11 33710: 18 33711: 57 33712: 84 33713: 30 33714: 48 33716: 2 33755: 31 33756: 25 33759: 36 33760: 9 33764: 7 33765: 3 33770: 8 33771: 6 33773: 2 33774: 5 33778: 2

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.

PCF_CARES_MOW4Kids_Reimbursement_Request_January_2021.PDF

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.