

FollowUp Form

Pinellas CARES Nonprofit Partnership Fund

Project Name*

TBNEH MOW4KIDS Covid Response Expansion

Amount Awarded for Future Programming

\$550,000.00

Amount Spent - September 27 to 30, 2020*

How much grant funding was spent between **September 27 to 30, 2020**?

\$23,990.00

Amount Spent - September 2020*

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

\$89,018.00

Amount Spent - October 1 to 3, 2020*

How much grant funding was spent between **October 1 to 3, 2020**?

\$11,666.00

Amount Spent as of October 3, 2020*

How much of the awarded funding was spent **from project inception to October 3, 2020**?

\$100,684.00

Brief Spending Narrative*

Please briefly explain the spending activities from **September 27 to October 3, 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.

Mainly incurred food related costs and a small staff contract payment.

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.

A grandmother called to apply and explained she was taking care of her three grandchildren (all under 6 years old) and didn't have any food or a way to get to a pantry because of her physical disability. she said she looked into her cupboard and it was bare. in that moment she didn't know what she was going to do. later on, someone told her about the MOW4Kids and she called right away. she was so incredibly grateful. these clients are the ones that fall through the cracks. we are there to be there for them so no one goes hungry due to transportation disadvantage or disability.

Food Metrics

Please read this section's instructions carefully.

For easy reference, below are the reported numbers of individuals served from your previous weekly reports during the month of September. Please sum these numbers together with the reported number of individuals served between September 27 and 30, 2020.

September 1 to 5, 2020 - Individuals Served - Food

121

September 6 to 12, 2020 - Individuals Served - Food

386

September 13 to 19, 2020 - Individuals Served - Food

423

September 20 to 26, 2020 - Individuals Served - Food

425

September 27 to 30, 2020 - Individuals Served - Food*

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

425

September 2020 - Actual Total # Served - Food*

Please verify the numbers above for correctness. Then please sum the numbers above from your previous reports, and add the individuals served **food** through this funding for the dates of September 27 to 30, 2020. This is your total for how many individuals were served food in **September 2020** through this grant funding.

1780

September 2020 Projections - Food

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

2500

October 1 to 3, 2020 - Individuals Served - Food*

Please specify the number of individuals that were served food between October 1 and 3, 2020 through this grant funding. **Do NOT include this number in your sum total above of the number of individuals served for September.**

0

September 27 to 30 - 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.**

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: 2
- 33705: 69
- 33707: 11
- 33709: 16
- 33710: 23
- 33711: 61
- 33712: 79
- 33713: 29
- 33714: 32
- 33755: 27
- 33756: 19
- 33759: 23
- 33760: 8
- 33764: 4

October 1 to 3 - 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.**

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
0

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.

TBNEH_PCF CARES_Sept 2020_Summary Report and Supporting Documentation-signed.pdf