

# FollowUp Form

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## *Website*

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Has this report been posted on the PCF website?

Yes

## *Pinellas CARES Nonprofit Partnership Fund*

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**Project Name\***

Pantry and Community Kitchen Assistance

**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**

\$49,611.00

**Amount Spent - November 29 to 30, 2020\***

How much grant funding was spent between **November 29 and 30, 2020?**

\$885.29

**Amount Spent - November 2020\***

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

\$9,102.67

**Amount Spent - December 1 to 5, 2020\***

How much grant funding was spent between **December 1 and 5, 2020?**

\$0.00

**Amount Spent as of December 5, 2020\***

How much of the awarded funding was spent from project inception to December 5, 2020?

\$35,504.91

**Brief Spending Narrative\***

Please briefly explain the spending activities from **November 29 to December 5, 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.

The Shepherd Center has expended \$885.29 on increased utility costs due to increased clients and food distribution.

**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.

The Shepherd Center has seen an increase in single, stably housed individuals experiencing a hunger crisis. We have been able to sign them up for applicable programs and ease some of the stress for these individuals.

***Food Metrics*****November 29 to 30, 2020 - Individuals Served - Food\***

Please specify the number of individuals that were served food by your organization between **November 29 and 30, 2020** through this grant funding.

587

**December 1 to 5, 2020 - Individuals Served - Food\***

Please specify the number of individuals that were served food by your organization between **December 1 and 5, 2020** through this grant funding.

1120

### November 2020 Projections - Food

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

5795

### November 2020 - Actual Total # Served - Food\*

Please specify how many individuals were served food by your organization in **November 2020** through this grant funding.

7574

### November 29 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 for November 29 to 30, 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

odes

Tarpon Springs

34689: 330

Palm Harbor

34681: 65

Safety Harbor

3376: 0

Dunedin

33755: 2

Oldsmar  
33626: 0

Ozona  
34660: 0

Crystal Beach  
34681: 0

Holiday  
34690: 190

Unknown Zip: 0

**December 1 to 5 - 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 December 1 to 5, 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

odes  
Tarpon Springs  
34689: 525

Palm Harbor  
34681: 121

Safety Harbor  
3376: 0

Dunedin  
33755: 5

Oldsmar  
33626: 9

Ozona  
34660: 0

Crystal Beach  
34681: 0

Holiday  
34690: 460

Unknown Zip: 9

## *Cost Reimbursement Basis - Justification of Expenditures*

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### **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.

Shepherd Center November.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.