Carolyn Reginelli The ARC Tampa Bay

# FollowUp Form

## Pinellas CARES Nonprofit Partnership Fund

#### Project Name\*

Direct Support Professional Hazard Pay Initiative

## **Amount Awarded for Future Programming**

This is the amount your organization was awarded for spending during the grant period.

\$249,795.00

### Amount Spent - October 11 to 17, 2020\*

How much grant funding was spent during the period of this report? (October 11 to 17, 2020)

\$13,666.88

## Amount Spent - through October 17, 2020\*

How much of the awarded funding has been spent from the time of grant award through **October 17, 2020?** \$13,666.88

## **Brief Spending Narrative\***

Please briefly explain the spending activities from October 11 to 17, 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.

Funding was allocated specifically for hazard pay hours worked during the dates of October 11-17, 2020. The Arc Tampa Bay has implemented a hazard pay code in the ADP payroll system. Reporting indicated that 5466.75 hours of hazard pay was worked during the period. Hazard pay was only applied to hours that direct support professionals spent providing direct care. Hours spent in training, vacation or sick time were excluded. For each hour of hazard pay work, the project allocates an additional \$2.50 per hour.

## **Behavioral Health Metrics**

## October 11 to 17, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between October 11 and 17, 2020 through this grant funding.

109

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## October 11 to 17, 2020 - ZIP Codes of Individuals Served - Behavioral Health\*

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**

Group Therapy (Program Service ZIP Code)

33705: 15

Telehealth Counseling (Participant ZIP Codes)

33782: 5 33764: 3

33760: 8

33756: 6

33759: 2

33763:6

33770:5

34683: 33

34685: 5

34688: 16

34689: 6

34695: 6

34698: 24