

# FollowUp Form

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## *Pinellas CARES Nonprofit Partnership Fund*

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### Project Name\*

Direct Support Professional Hazard Pay Initiative

### Amount Awarded for Future Programming

\$249,795.00

### Amount Spent - October 25 to 31, 2020\*

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

\$32,989.00

### Amount Spent - October 2020\*

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

\$32,989.00

### Amount Spent as of October 31, 2020\*

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

\$32,989.00

### 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.

The Arc Tampa Bay is submitting documentation for direct care hours worked by 140 staff members during the pay period of Oct. 3-16, 2020. This payroll was paid out on Oct. 23, therefore was the only pay request for The Arc Tampa Bay's contract which was funded on Oct. 15. The pay being requested is for the additional \$2.50 an hour for hazard pay hours worked. In total, direct care staff completed a 13,195.50 direct care hours.

### 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 Arc Tampa Bay uses an electronic system to record communications related to day-to-day client activities, etc. A particular heart-wrenching excerpt demonstrates how difficult it has been on residents who

had not seen their families in over 6 months. DH lives at a behavior focus group home. His family is heavily involved in his care with frequent visitation prior to COVID-19. DH had a behavior outburst that involved threats, physical aggression towards staff, and property destruction. During the behavior episode, staff responded by calling for support and allowing DH to de-escalate on his own, staying within close proximity to ensure that there was no danger to himself or others. Staff modeled behaviors to prompt DH to calm on his own and he was able to calm. He then proceeded to hug staff, stating that he was sorry. Staff provided emotional support for DH who cried, saying that he wanted to go home. Staff was very patient throughout the episode and coached DH until he was calm.

## *Behavioral Health Metrics*

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### **October 25 to 31, 2020 - Individuals Served - Behavioral Health\***

Please specify the number of individuals that were given behavioral health services between **October 25 and 31, 2020** through this grant funding.

109

### **October Projections - Number Served - Behavioral Health**

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

103

### **October 2020 - Actual Total # Served - Behavioral Health\***

Please specify how many individuals were given behavioral health services in **October 2020** through this grant funding.

109

### **Measurement - Behavioral Health**

This is the measurement that your organization specified it would use to measure progress through this grant.

Monthly Reactive Strategy Reports

### **October Projections - Progress Rate - Behavioral Health**

This was the estimated progress rate from your application **for October 2020**. This was the projected improvement based on the Measurement from your application, viewable above.

50

### **October 2020 - Actual Progress Rate - Behavioral Health\***

Please specify the ACTUAL progress rate **for October 2020 (in a percentage)** based on the Measurement indicated in your original application.

50

### October 25 to 31, 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 for the week of October 25 to 31, 2020.**

**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

Residential and Day program direct care services: 109 individuals served in zip codes as follows:

33756	6
33759	2
33763	6
33770	5
34683	33
34685	5
34688	16
34689	6
34695	6
34698	24

## *Advanced Funds - Justification of Expenditures*

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### Monthly Expense Reporting\*

Please complete the Pinellas CARES Advanced Funds Monthly Expense Reporting 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, please put them in the field below.

The Arc Tampa Bay Complete October 2020 Payroll Packet.pdf

The payroll file is large and might not be able to be uploaded completed. I will send a flash drive if needed for backup purposes.