

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Pinellas CARES Nonprofit Partnership Fund

Project Name*

Attending to Infant-Family Mental Health during COVID-19 in Pinellas County

Priority Funding Areas

Behavioral Health

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

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

\$178,004.00

Amount Spent - November 22 to 28, 2020*

How much grant funding was spent during the period of this report? (**November 22 to 28, 2020**)

\$5,000.00

Amount Spent - through November 28, 2020*

How much of the awarded funding has been spent from the time of grant award through **November 28, 2020**?

\$74,177.00

Brief Spending Narrative*

Please briefly explain the spending activities from November 22 to 28, 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.

During the holiday week we offered Baby Talk Academy (BTA) 2 times, in daytime as well as evening hours. BTA is a parenting education course designed to provide information and support to parents of infants and toddlers about how to provide the nurturing, structure and guidance to develop: fostering strong parent-child relationships, supporting children's optimum development, enhancing school readiness skills, strengthening children, families and community.

Behavioral Health Metrics

November 22 to 28, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between November 22 and 28, 2020 through this grant funding.

0

November 22 to 28, 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

33701: 0