

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

Award Type

Installment

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

\$178,004.00

Amount Spent - November 29 to 30, 2020*

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

\$0.00

Amount Spent - November 2020*

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

\$26,419.44

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?

\$50,931.58

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.

Baby Talk Academy (BTA) is a parenting education course designed to provide information and support to parents of infants and toddlers about how to provide the nurturing, and guidance to develop: strong parent-child relationships, children's optimum development, school readiness skills, and strong children, families and community.

The Baby Hours are opportunities to commune with parents and caregivers live for an hour.. Baby Hours provide information, support and connection to parents wanting new ways to revive their parenting during COVID. Parents will have the opportunity to reach out to other parents who are meeting the challenge of parenting during this time. These are offered to families during both daytime and evening 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.

Maria spoke about her 2 young children and the family struggle. Maria's 18 month old was experiencing severe separation anxiety when being dropped off at day care when Maria went to her job. Maria's baby was so anxious and distressed that she would cry for long periods of time and Maria was afraid that she would lose her child care spot because of this. She also felt so sad and guilty leaving her baby crying. She would worry all day long that her baby was not doing alright. Maria talked about her distress and how frustrated she had become in trying to just make it from day to day as a working mother. The group listened to Maria and offered support letting Maria know that this is common in baby's during times of stress. The group provided some suggestions on how to ease this separation distress and supported Maria's efforts. Maria stated at the end of the session that she was feeling much better and hopeful that she would be able to handle separation more effectively in the future.

Behavioral Health Metrics

November 29 to 30, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between **November 29 and 30, 2020** through this funded programming.

76

December 1 to 5, 2020 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between **December 1 and 5, 2020** through this funded programming.

63

November Projections - Number Served - Behavioral Health

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

150

November 2020 - Actual Total # Served - Behavioral Health*

Please specify how many individuals were given behavioral health services through this funded programming in **November 2020**.

108

Measurement - Behavioral Health

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

Social and Emotional Competence of Children Scale from the Parent Assessment of Protective Factors

November Projections - Progress Rate - Behavioral Health

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

80

November 2020 - Actual Progress Rate - Behavioral Health*

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

78

November 29 to 30, 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 November 29 to 30, 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

33712: 75

33760: 1

December 1 to 5, 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 December 1 to 5, 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

33609: 2

33703: 2

33705: 4

33707: 3

33709: 1

33710: 6

33711: 1
33712: 40
33713: 2
33756: 1
33760: 2
33782: 2
34102: 1
34202: 1

Advanced Funds - Justification of Expenditures

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.

5112552600-Revised-November-Report.pdf

Please note that the attached invoice represents all personnel through December. It does not include a final contract that will be represented in the final invoice which we will submit in the December slot.

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.