

# 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*

Please do not submit your final December report until all supporting fiscal documentation has been collected and can be compiled for submission.

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### **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 - December 27 to 30, 2020\***

How much grant funding was spent between **December 27 and 30, 2020?**

\$0.00

### Amount Spent - December 2020\*

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

\$52,583.08

### Amount Spent as of December 30, 2020\*

How much of the awarded funding was spent from project inception to December 30, 2020?

\$103,514.66

### Brief Spending Narrative\*

Please briefly explain the spending activities from **December 27 to December 30, 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.

This week we offered:

~Parent Café's to build community capacity in the delivery of programming for parents to connect with their children, culture and community.

~Parent Peers-supported this initiative by engaging and providing concrete supports to parents in families in their time of need.

~New Parent Support Hotline provided a supportive life-line to newly parenting families in the community.

~Parent Visitor's checked in about parenting, shared family-friendly materials on exploration, play, floor time, reading, fussy babies, sleep issues, and behavioral challenges. If parents desired more they were connected to other infant mental health supports, ranging from single touch to intensive and ongoing.

### 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.

Families responded positively to a call out from the project to gather in a socially distanced drive through to provide families with essential supplies for babies and young children. One family participated in the drive thru with several small children in the car, As her trunk was loaded with needed food, diapers, baby supplies, books and toys she openly expressed her gratitude through tears to the project staff. She talked of her difficult year and the strain that unemployment and lack of access to child care had on her and the children. She was left her nearly homeless and struggling to care for and feed her family and couldn't even look for work because her kids needed care. This mother said that she was not going to be able to make a holiday for the kids because every dollar needed to go to the essentials of food and daily life. She went from crying to laughing as the project staff supported her and gave her a list of resources that would help make the rest of her journey easier.

## ***Behavioral Health Metrics***

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### **December 27 to 30, 2020 - Individuals Served - Behavioral Health\***

Please specify the number of individuals that were given behavioral health services between **December 27 and 30, 2020** through your programming.

139

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

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

150

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

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

416

### **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

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

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

80

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

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

73

## December 27 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 the week of December 27 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

33569: 2

33609: 1

33701: 2

33705: 3

33710: 1

33712: 79

33713: 43

33755: 1

33774: 2

33782: 2

33967: 1

90014: 2

## *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.

5112552600-Revised December Report.pdf

**Does the above documentation 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.

*Final Survey*

We would like your feedback on the CARES experience. Please complete the following anonymous survey:

<https://www.surveymonkey.com/r/DCFW7RN>

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I have completed this survey