

FollowUp Form

Website

Has this report been posted on the PCF website?

Yes

Introductory Questions

Have you completed the anonymous survey about your experience with this CARES grant process?*

Yes

Do you have expenses to report for 12/31/20 to 1/31/21 under your CARES grant?*

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

Amount Awarded for Future Programming

\$178,004.00

Amount Spent - December 31, 2020 to January 31, 2021*

How much grant funding was spent **between December 31, 2020 and January 31, 2021?**

\$10,213.89

Amount Spent as of January 31, 2021*

How much of the awarded funding was spent from project inception to January 31, 2021?

\$113,728.55

Brief Spending Narrative*

Please briefly explain the spending activities from **December 31, 2020 to January 31, 2021**. If you have not expended any funds, please return to the top of this report and indicate so.

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.

Personnel expenses posted during January for work completed during December, along with payment to Community Development and Training Center (CDAT). No clients served and no progress assessed in January since extension authorization had not been received. Team spent time planning and preparing for project's expected work once extension granted.

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.

None - No clients served in January since extension authorization had not been received yet.

Behavioral Health Metrics

December 31, 2020 to January 31, 2021 - Individuals Served - Behavioral Health*

Please specify the number of individuals that were given behavioral health services between **December 31, 2020 to January 31, 2021** through your programming.

0

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 2020 - Actual Progress Rate - Behavioral Health*

Please specify the ACTUAL progress rate **for January 2021 (in a percentage)** based on the Measurement indicated in your original application.

0

December 31, 2020 to January 31, 2021 - 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 time between December 31, 2020 to January 31, 2021.**

FOLLOW THE EXAMPLE FORMAT EXACTLY, INCLUDING THE COLON.

ZIP CODE: Number served

Example

Group Therapy (Program Service ZIP Code)

33705: 15

Telehealth Counseling (Participant ZIP Codes)

33782: 5

33764: 3

33760: 8

N/A

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.

Reimbursement Request and Backup Documentation - January.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.