

# Application Form

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## Introduction

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Submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, [click here](#).

**Please answer these questions FIRST**, as the application will show you the required sections and fields to complete based on your answers.

### Priority Funding Areas\*

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

Food

### Reimbursement\*

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

Yes

### Future Programming\*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

Yes

### Project Name\*

Feeding Kids During COVID in Pinellas County

### EIN\*

45-2455492

### DUNS Number\*

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: <https://www.dnb.com/duns-number/lookup.html>

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval): <https://www.dnb.com/duns-number/get-a-duns.html>

**This field is optional as to not stop a qualifying organization from applying. HOWEVER, a DUNS number *will* be required if your organization is approved for a grant. Your organization should apply for a DUNS number now if it does not yet have one.**

877318159

### Mission Statement\*

The mission of The Kind Mouse is to assist families in transition and their chronically hungry children, while developing the next generation of volunteers to carry on the organization's work. No hardworking individual and their family should ever go hungry.

### Total Operating Expenditure\*

What are your total annual operating expenses?

\$356,350.00

### Amount Requested\*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

**Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.**

\$11,155.90

If you are requesting more than \$250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

## Priority Populations\*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

Children and/or the elderly  
Low-income families

## Guiding Principles\*

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

**From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).**

While the final recipient of the food we supply is typically a low income child, The Kind Mouse collaborates with a wide range of partner agencies in the distribution of food. Representatives from those agencies are active on our Board and our Advisory Council. The Kind Mouse is unusually agile in meeting immediate food needs, designing our operations to respond immediately to child welfare agency requests.

In addition, The Kind Mouse operates unique youth outreach programming: Mice-In-Training (age 5-12), Mouse Interns (ages 13-18), and our video production team MOUSEVision (ages 11-18). These dynamic kids learn from a tender age how to run a nonprofit - holding board meetings, food drives, and events; shopping and packing food, shooting and editing videos. For their efforts, these kids are winning awards and college scholarships. It is our hope that the next generation, our Kind Mouse future leaders, will truly make an impact on this very sad problem of childhood hunger.

## Length of time operating program/project\*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.**

Our CEO Gina Wilkins started feeding 5 children in 2012. By 2015, The Kind Mouse was feeding more than 200 children. Last year our total distribution topped 103,000 meals.

March - July 2020, we increased # of kids served by 114% over last year.

## Service Area\*

In which areas of the county do you physically provide services?

Mid-County (locations such as Clearwater, Largo, Safety Harbor)  
South County (locations such as St. Petersburg, Lealman, Kenneth City)

## Impact on Organization\*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

When Pinellas County schools closed in late March, thousands of the county's low-income children lost the 2 meals each day that are guaranteed to them at school. Their families, hit hard by workplace closures, and slow to receive unemployment benefits, have faced the desperate inability to provide 3 meals each day for their kids. Pinellas child welfare agencies were inundated with urgent requests for food. Many of those requests came to The Kind Mouse.

Year over year comparisons demonstrate the dramatic impact of COVID at The Kind Mouse. The first 7 months of 2020 show a 29% increase in the number of children served, and a 32% increase in meals served. March 23 - July 24 2020 saw a 114% increase in the number of children served over the same period in 2019. We have stretched resources to meet the increased need.

## ***Fiscal Accountability***

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### **Federal Fund Disclosure\***

If your organization is awarded this grant, you may be considered a subrecipient of federal funding. **THEREFORE**, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than \$750,000 in federal funding this fiscal year (this **INCLUDES** other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.

**It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.**

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

### **Audited Financial Statements\***

Does your organization routinely contract to have an audit conducted of its financial statements?

No

### **Most Recently Filed IRS Form 990\***

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

2019 1 Page 990.pdf

***Comment:** Please see organizational documents portion for additional updated 990 information provided by the applicant.*

### **Board-Approved Budget\***

Please upload your most recently board-approved budget for this fiscal year in PDF format.

Kind Mouse Organization Budget (2020).pdf

## ***No Audited Financial Statements***

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### **Explanation for Lack of Audit\***

Please briefly explain why your organization does not annually have an independent audit conducted. If you have any documentation, such as financials statements, or a letter from a CPA explaining the lack of an audit, you may upload it here in PDF format.

While The Kind Mouse does not have an annual audit, our financial management processes are rigorous:

1. A dedicated staff person with finance experience enters all funds received and makes all bank deposits – Norman Walker
2. A Quickbooks file is maintained by My Paper Pushers – Samantha Abraham
3. Our Treasurer, a CPA, reviews all transactions on a monthly basis – Samantha Tallyn
4. The CEO assists with allocations and budgets
5. Annually, a CPA firm handles taxes and the 990 – Morales

## ***Expansion or Sustaining of Exact Programming Funded by Another Source***

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### **Existing Contract**

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

UW Suncoast - \$2400  
Pinellas Resiliency - \$5000

## ***Reimbursement of COVID-19 Related Expenses***

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Your organization may seek reimbursement for COVID-19 related expenditures between March 1, 2020 and the time of submittal of this application. **This is NOT a replacement for the loss of revenue from canceled fundraising events or a decrease in private/public support. These are costs already incurred and paid from reserves or rainy day funds that were used to deliver services within this funding's focus areas, *specifically* in response to the COVID-19 pandemic. These are funds that were NOT budgeted for use in this fiscal year.**

### **Attestation\***

I affirm that this funding was expended by my organization solely for program costs in relation to COVID-19, and is not being requested on a unit-of-service basis. None of these costs have been reimbursed by any other funding source.

Yes, I affirm the above is accurate and true.

### Amount of Reimbursement Requested\*

Please specify the total amount of reimbursement your organization is seeking.

\$1,155.90

### Documentation of Expenses\*

**Please use this template to describe the expenses for which you are seeking reimbursement.**

Upload records of expenses indicating the use of unbudgeted funds using some or all of the financial documents:

- Receipts documenting the purchase of unbudgeted items or service
- Credit Card Statements showing payment of items (with MOST account numbers REDACTED)
- Bank Statements showing payment of credit cards (with MOST account numbers REDACTED)
- Financial reports that were presented to a Board of Directors
- Board minutes that show authorization of withdrawal(s) from reserve funds
- Bank statements with redacted account numbers indicating usage of unbudgeted funds

**If you have selected more than one Priority Funding Area in the introductory section, please ensure to include information that separates the expenses.** If necessary, use the textbox below to indicate any clarifying information regarding uploaded documentation.

Reimbursement of Past Expenses Template PCF COVID.pdf

### Number Served by Funding Area\*

Please *briefly* specify how many people were served by the programming for which you are seeking reimbursement. If you are applying for reimbursement in multiple Funding Areas, *be sure* to provide numbers for each one. Numbers do not need to be unduplicated.

#### Example

**Food: 1250 people**

**Behavioral Health: 250 people**

Food: 1000 people

## Funding and Usage

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### Client Service Delivery\*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length

of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

Our pantry and primary operations are located at 1801 16th Street North in St. Petersburg 33704. From here we deliver food to the specific schools listed below as well as to other agencies and distribution centers below as required.

PCS Innovation Academy, St. Petersburg 33714  
 PCS Woodlawn Elementary, Saint Petersburg 33704  
 PCS Sawgrass Lake Elementary, Saint Petersburg 33702  
 PCS Shore Acres Elementary, Saint Petersburg 33702  
 PCS Lakewood Elementary, St. Petersburg 33705  
 PCS John Hopkins Middle, Saint Petersburg 33705  
 Angels Against Abuse, St. Petersburg 33716  
 The Boley Center, St. Petersburg 33714  
 Coral Heights Outreach, Largo 33771  
 Early Learning Coalition of Pinellas County, St. Petersburg 33711  
 Foundation for Sustainable Families Pinellas Park 33781  
 Gibbs High School football team, St. Petersburg 33711  
 Hands Across the Bay, Clearwater 33762  
 Heels to Heal, St. Petersburg 33705  
 Jane's Pantry – PCS  
 Juvenile Justice Dept. DIVERT program (13 weeks)  
 Juvenile Welfare Board, Clearwater 33760 - referrals  
 Maid To Order, St. Petersburg 33710  
 Mattie Williams Neighborhood Center, Safety Harbor 34695  
 New Hope Youth Ministry, St. Petersburg 33712  
 North Greenwood – Clearwater 33755  
 Prayer Tower, St. Petersburg 33711  
 Santa's Angels, Madeira Beach 33738  
 SPPF MASTRS kids, St. Petersburg 33712  
 St. Anthony's Hospital, St. Petersburg 33705  
 USFSP Summer Camp, St. Petersburg 33712

## Communication/Outreach and Community Engagement Efforts\*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

The Kind Mouse provides service in collaboration with the numerous child welfare agencies listed above. Their visibility and community messaging is very effective in reaching our target population.

Our website and Facebook page are actively maintained. On another avenue The Kind Mouse teen MouseVision team is constantly producing short videos raising awareness of the problem of child hunger in our community.

## Hurricane Preparedness\*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend

awarded funds from this grant?

**There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.**

***If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.***

As a very small organization, our COOP is informal. During the last hurricane, our CEO stayed at the office throughout the 5-day duration of power outages, distributing food beginning the day after the storm. Should the office sustain actual structural damage, food can be drop shipped directly to our agencies. We have been employing the drop ship model of contact-free delivery during the pandemic.

## **Evidence of Insurance Coverage\***

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

**If there is no insurance coverage for this programming, please provide an explanation as to why.**

Certificate Gen Liab.pdf

## **Insurance Requirement\***

**If you are awarded a contract for the Pinellas CARES Nonprofit Partnership Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance. If you would like to begin this process now, please contact your general liability insurance carrier.**

**Here is the information for your carrier:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

**Please check the box below to indicate that you understand and will be able to comply with this requirement.**



The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: Budget Narrative/Summary Instructions

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If you would like to use a unit of service cost as a basis for your budget, you **MUST** contact Pinellas Community Foundation program staff **FIRST** to discuss this possibility.

### Budget Summary\*

Please download the budget summary template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

**CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Summary final.xlsx

### Budget Narrative\*

Please download the budget narrative template **HERE** and complete it.

**The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.**

**If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.**

**CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative final.pdf

## Capital Requests

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under \$50,000)
- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

## Are you going to use LPOs in this programming?\*

Yes

## Logistical Partner Organizations (LPOs)

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### LPO List\*

Please upload a list with entity names and primary contact information for each LPO. If there is additional information to provide, do so in the text box below.

Kind Mouse LPOs.pdf

## Role in Programming\*

Please describe the role(s) of specified LPOs in the programming proposed in this application.

The Kind Mouse provides food for distribution by the LPOs.

## Food

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This grant will require weekly reporting on the following measures:

- **Number of Pinellas County residents** accepting food by zip code of participant or distribution point (participant zip code is preferred)

## Affirmation of Reporting\*

I affirm that my organization is capable of providing weekly reports on the above measures.

Yes

## Number of Pinellas County Residents Served During Grant Period - Food\*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served **food** by the end of the grant period.

1000

## September 2020 Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **September 2020**.

1000

## October 2020 Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **October 2020**.

1000

## November 2020 Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **November 2020**.

1000

## December Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **December 2020**.

1000

## Funder Involvement

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**Which of the funders have provided a grant to your organization within the last three years?\***

Allegany Franciscan Ministries  
Juvenile Welfare Board of Pinellas County  
Pinellas Community Foundation  
Tampa Bay Resiliency Fund  
United Way Suncoast

## Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

## Corrective Action\*

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No

## Confirmation

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### Signature and Affirmation\*

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

**Please type your name as an electronic signature and the date on which you are submitting this application.**

Gina Wilkins 09/11/2020

## File Attachment Summary

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### ***Applicant File Uploads***

- 2019 1 Page 990.pdf
- Kind Mouse Organization Budget (2020).pdf
- Reimbursement of Past Expenses Template PCF COVID.pdf
- Certificate Gen Liab.pdf
- CARES-Partnership-Fund-Budget-Summary final.xlsx
- CARES-Partnership-Fund-Budget-Narrative final.pdf
- Kind Mouse LPOs.pdf

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2019

Open to Public  
Inspection

<b>A</b> For the 2019 calendar year, or tax year beginning , 2019, and ending , 20		
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE KIND MOUSE PRODUCTIONS INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1801 16TH ST N</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAINT PETERSBURG, FL 33704</b> <b>F</b> Name and address of principal officer:	<b>D</b> Employer identification number <b>45-2455492</b> <b>E</b> Telephone number <b>(727) 415-9992</b> <b>G</b> Gross receipts \$ <b>752,447</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.THEKINDMOUSE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2011</b> <b>M</b> State of legal domicile: <b>FL</b>

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO ASSIST FAMILIES IN TRANSITION AND THEIR CHRONICALLY HUNGRY CHILDREN WHILE DEVELOPING THE NEXT GENERATION OF VOLUNTEERS TO CARRY ON THE MISSION OF THE KIND MOUSE. HARDWORKING INDIVIDUALS AND THEIR FAMILY SHOULD NEVER GO HUNGRY. WE STRIVE TO ALLEVIATE CHILD HUNGER IN PINELLAS CO.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	374,658	736,127
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,520	14,587
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,230	1,733
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	382,408	752,447
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	87,558	128,188
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25)	26,212	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	233,670	345,986
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	321,228	474,174
	19	Revenue less expenses. Subtract line 18 from line 12	61,180	278,273
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	310,335	594,024
	22	Net assets or fund balances. Subtract line 21 from line 20	310,335	588,608

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<b>GINA WILKINS</b> Signature of officer	Date			
	<b>GINA WILKINS, FOUNDER &amp; CEO</b> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Nichole Morales</b>	<b>Nichole Morales</b>	<b>06-17-2020</b>		<b>P00290119</b>
	Firm's name ▶ <b>Morales Burke</b>	Firm's EIN ▶			
	Firm's address ▶ <b>5420 Central Avenue Saint Petersburg FL 33707</b>	Phone no. <b>727-344-9220</b>			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

**The Kind Mouse Productions, Inc.**  
**2020 Budget**  
**January 01 - December 31, 2020**

<b>PROFIT &amp; LOSS</b>	<b>Budget</b>
<b>Revenue</b>	
40000 Non-Profit Revenue	
40100 Grants	125,000
40200 Direct Contributions	111,680
40300 Special Events	121,500
41000 Other Non-profit Revenue	0
<b>Total Non-Profit Revenue</b>	<b>358,180</b>
<b>Expenses</b>	
50100 Program Expenses	89,000
60100 Advertising/Promotional	14,500
60200 Auto	4,535
60300 Charitable Contributions	0
60400 Events	26,000
60600 Insurance	7,660
60700 Meetings & Networking	9,000
60800 Occupancy	19,155
60900 Office/General Administrative Expenses	10,600
61000 Professional Dues & Business Licenses	2,800
62000 Professional Services	1,680
63000 Staff Development	1,500
64000 Technology	7,900
65000 Travel & Entertainment	2,760
70000 Payroll Expenses	159,260
<b>Total Operating Expenses</b>	<b>356,350</b>
<b>Other Revenue</b>	
42000 Other Revenue	
42100 Dividend Earned	1,600
42200 Interest Earned	50
42300 Investment Income	5,000
42500 In Kind Goods & Services (Revenue)	96,300
<b>Total Other Revenue</b>	<b>102,950</b>
<b>Other Expenses</b>	
80000 Other Expense	
80100 Depreciation	1,030
80200 Investment Expense	600
80600 In Kind Goods & Services (Expense)	96,300
<b>Total Other Expenses</b>	<b>97,930</b>
<b>Total Revenue</b>	<b>461,130</b>
<b>Total Expenses</b>	<b>454,280</b>
<b>Net Gain/(Loss)</b>	<b>6,850</b>

The Kind Mouse  
Pinellas CARES Nonprofit Partnership Fund  
Reimbursement Template

Summary of Expenses

Item Number	Quantity	Item Description	Total Cost
1	200	Used food bins - Supplies	\$600 - check
2	2	Pantry shelf units - supplies	\$255.90 – Visa ending 2864
3	1	Shelf install – Contract Services	\$300 - check
4			
5			
6			
7			
8			

Total Reimbursement Request: \$ \_\_1155.90\_\_\_\_\_

For each unbudgeted/unplanned, but COVID-19 related expenditure, provide the following:

- Receipt or invoice for the purchase
- Method of payment for the purchase
- If paid via credit card or credit arrangement, provide a copy of the credit card statement with the appropriate charge (for security REDACT most account numbers)
- Include bank statement demonstrating paying of credit card (for security REDACT most account numbers)

Keep items and documentation in the item order in your summary chart to easily follow the documentation.



2020-0622 KM SPFC  
Bins.pdf



shelves \$225.90 CC  
PCF COVID.pdf



Stillwell \$300 Check  
PCF COVID.pdf





KINDMOU-02

KBROOKS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hub International Florida One Urban Centre 4830 W. Kennedy Boulevard Tampa, FL 33609	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): (727) 797-0441 <b>FAX</b> (A/C, No): (727) 669-0673 <b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Southern-Owners Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b>  The Kind Mouse Productions Inc 3934 Huntington St. St. Petersburg, FL 33703	<b>NAIC #</b> 10190

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: General Aggregate			20053477	12/1/2019	12/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Pinellas County Human Services

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**Pinellas Community Foundation**  
**Pinellas CARES Nonprofit Partnership Fund Grant Application**

Organization Name: The Kind Mouse

Project Name: Feeding Pinellas County Children During COVID

FROM (date): March 23, 2000 TO (date): December 30, 2020

<b>Budget Category/Line Item</b>	<b>Organizational Budget - Total</b>	<b>Pinellas CARES Grant</b>
Personnel ( <i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i> )	159,260	0
Equipment ( <i>computers, furniture, etc., less than \$3,000 per item</i> )	0	\$255.90
Supplies ( <i>office materials, program related purchases, program necessities to deliver services, etc.</i> )	93,705	10,000
Occupancy ( <i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i> )	27,055	0
Local Travel ( <i>mileage, tolls, parking for regular local travel, rental/leasing cost of transportation</i> )	2760	0
Training ( <i>staff development, conferences, long distance travel</i> )	10500	0
Design, Printing, Marketing & Postage ( <i>for direct program related services only</i> )	14500	0
Capital ( <i>Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities</i> )		0
Purchased Services ( <i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i> )	9340	900
De Minimis Cost ( <i>Administration Fee, Indirect Cost, etc.</i> )	13230	0
<b>TOTAL</b>	<b>330350</b>	<b>11155.9</b>

Pinellas Community Foundation  
Pinellas CARES Nonprofit Partnership Fund Application  
**BUDGET NARRATIVE FORM**

Organization Name: The Kind Mouse Productions, Inc.  
Project Name: Feeding Pinellas Children During COVID  
FROM: September 2020 TO: December 2020

*Personnel (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)*

Equipment (computers, phone, furniture, etc., less than \$3,000 per item)  
**\$255.90 for pantry shelving to accommodate increased food distribution volume**

Supplies (office materials, program related purchases, program necessities to deliver services, etc.)  
**\$9320 for food**  
**\$80 for COVID PPEs, disinfectant cleaning supplies**  
**\$600 for used food bins to handle increased food distribution volume**  
**TOTAL SUPPLIES: \$10,000**

The Mouse Nibbles weekend food assistance program for students requires the bulk purchase of easy-to-open single-serving food items that children can easily feed themselves on weekends. To that end, typical food items purchased include:

4-ounce 100% fruit cups  
4.6-ounce Vienna Sausage containers  
6-ounce 100% fruit juice  
8-piece Peanut Butter crackers  
Pop Tarts  
0.9-ounce Fruit snacks  
1.3-ounce cereal packets  
8-ounce shelf stable milk cartons  
0.84-ounce granola bars  
1.5-ounce Peanut Butter containers  
7.5-ounce Spaghetti & Meatball bowls  
3.25-ounce Pudding cups  
4-ounce cups of vegetables (peas, corn)  
4-ounce apple sauce cups

Throughout the COVID crisis months, availability has been an ongoing issue. Currently, we are purchasing from Walmart, Costco, Boxed, and Amazon. To meet increased demand, we have increased our weekly food spending by \$1750 per week – divided among those retailers, based on availability. On weeks when discount retailers are back ordering the items we need, we are forced to pay full retail at local grocery stores.

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**COVID masks & cleaning supplies: disinfectant cleaners, hand sanitizer, is charged at \$80 over the life of the grant.**

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)

Design, Printing, Marketing & Postage (for direct program related services only)

Capital (buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

**\$600 extra cleaning services during COVID crisis.**

**\$300 for installation of extra shelf units to accommodate increased food distribution volume due to COVID**

**Pre-COVID pantry cleaning was every other week @ \$75/cleaning.**

**To ensure cleanliness in the pantry, cleaning schedule has been doubled to weekly.**

**Estimating the grant period to be 9/15/2020 – 12/30/2020, that represents 8 extra weeks for COVID cleaning.**

Pre-COVID

Administration (pre-approved federal indirect cost, de minimus rate of 10%, or none) This costs usually refers to administration, personnel not directly related to the project (i.e. small percentage of Director of Finance time allocation cost), or overhead expenses. If your organization has a pre-established percentage rate from a Federal/State/Local grant you may use this rate. However, you must verify the rate via documentation from the funding source. If you do not have an established percentage rate for De Minimis Cost, please use 10% as the established percentage rate.

## **The Kind Mouse**

### **Collaborative LPOs**

Angels Against Abuse, Sandy Kerney

The Boley Center, Kathryn Juarez

Coral Heights Outreach, Zuley Millan

Early Learning Coalition of Pinellas County, Julie Mastry

Foundation for Sustainable Families, Ashley Rhoades

Hands Across the Bay, Melissa Dohrn Hill

Healthy Start Coalition, Sabrina

Juvenile Behavioral Service, Keila Roman

LSF Pinellas Head Start, Barbara Williams

Maid To Order, Joanne Braccio

Mattie Williams Neighborhood Center, Cassidy Fitzpatrick

Meals On Wheels for Kids, Caitlyn Peacock

New Hope Youth Ministry, Anne Taylor

North Greenwood – Paula Kay

Prayer Tower, Donna Welch

Santa's Angels, Wally Hawthorne

SPPF MASTRS kids, Brigitte

St. Anthony's Hospital, Courtney Burt