

# FollowUp Form

---

## *Website*

---

Has this report been posted on the PCF website?

Yes

## *Pinellas CARES Nonprofit Partnership Fund*

---

**Project Name\***

Emotional Wellness

**Priority Funding Areas**

Behavioral Health

**Award Type**

Reimbursement for Future Programming

**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**

\$11,279.00

**Amount Spent - November 29 to 30, 2020\***

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

\$1,336.00

**Amount Spent - November 2020\***

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

\$4,171.14

### 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?

\$5,391.14

### 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.

\$136-8 additional hours for the center's Office Manager. Additional payroll for licensed counselors will fall on the following weekly report.

### 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.

Pt is a 47 y.o. male experiencing depression and anxiety after losing his job as a bartender in October 2020 as a result of COVID-19. Pt presented with difficulty sleeping, guilt regarding his struggle to provide for his family, decreased energy, some stress eating and decreased activity. Pt has been seen for two counseling sessions and reports feeling more empowered and confident to cope with his stressors. Pt reports improved self care and has resumed activities that he enjoys such as gardening and lawn work. Prior to services, patient spent much of his day on the couch and feeling discouraged.

## *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.

2

### 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.

6

### 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.

20

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

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

22

### Measurement - Behavioral Health

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

The PHQ-9 (Patient Health Questionnaire)

### 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.

73

### 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

Individual Counseling  
33771-1  
33756-1

**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

Individual Counseling-6  
33755-2  
33756-1  
33764-1  
34698-1  
33765-1

## *Cost Reimbursement Basis - Justification of Expenditures*

---

### **Monthly Reimbursement Request\***

Please complete the Pinellas CARES Reimbursement Request 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 document, please put them in the field below.

Cares NOVEMBER Report Willa Carson Health.pdf

### **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.