

FollowUp Form

Website

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.

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 - December 27 to 30, 2020*

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

\$1,404.00

Amount Spent - December 2020*

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

\$3,005.95

Amount Spent as of December 30, 2020*

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

\$8,261.09

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.

Mental health services provided by 2 licensed mental health counselors-\$1200 and additional hours for the office manager 12 hours @ \$17.

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 60 y.o. African-American female who began experiencing depressive symptoms after retiring in late 2019. Pt looked forward to "enjoying life" with plans to travel and volunteer, but found herself stuck at home, cautious of interacting with others due to COVID. In addition to dealing with the impact and limitations of COVID, pt's favorite nephew passed away. Pt was seen for four sessions. The licensed provider assisted pt with processing the losses (plans, interactions, nephew). Pt completed a vision board and reports feeling more hopeful about the future.

Note: She was provided an evaluation card and also states that she would be happy to share her experience.

Behavioral Health Metrics

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.

0

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.

20

December 2020 - Actual Total # Served - Behavioral Health*

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

12

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)

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.

63

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

0-Unduplicated patients were seen during the period of 12/27/2020-12/30/2020.

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.

Pinellas Cares Reimbursment December Documentation_Willa Carson.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.

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>

*

I have completed this survey