

FY 2017 Subrecipient's Schedule of Federal Governmental Funding (SOFGF) And Total Amount of Contributions Received for Fiscal or Calendar Year Ending Date between 7/1/16 and 6/30/17

FY 2017 SOFGF Audit Submission Requirements Page Number _____

CITY OF PHILADELPHIA – DIVISION OF HOUSING & COMMUNITY DEVELOPMENT (DHCD)

Subrecipient's FISCAL OR CALENDAR YEAR ENDING DATE _____

Basis for Federal Expenditures Incurred: Estimated _____ Actual _____

(Please follow the instructions when completing this Form)

Federal Funding Department: _____

<u>Program Title</u>	<u>CFDA#</u>	<u>Award/Contract Number</u>	<u>Award/Contract Period</u>	<u>Award/Contract Amount</u>	<u>Award/Contract Expenditures</u>	<u>Pass Through Agency</u>
1. _____						
2. _____						
3. _____						
4. _____						
5. _____						
6. _____						

Total Expenditures From Above singular FEDERAL DEPARTMENT : \$ _____

Total Federal Expenditures From All Federal Departments for FY 2017

\$ _____ **Total Amount of Contributions Received For FY 2017**

\$ _____

_____	_____	_____
Agency Name (Print or Type)	Preparer's Name (Print or Type)	Preparer's Position (Print or Type)

_____	_____	_____	_____
Authorized Signature	Authorized Name (Print or Type)	Federal EIN Number	Date

Executive Director: _____

_____	_____	_____
Name (Print or Type)	Email (Print or Type)	Phone

Fiscal Director/Accountant : _____

_____	_____	_____
Name (Print or Type)	Email (Print or type)	Phone