

**Instructions to Complete Subrecipient’s Schedule of Federal Governmental  
Funding (SOFGF) AND Amount of Contributions Received  
For Fiscal Year 2018  
Audit Arrangement Requirements for Fiscal Year 2018**

**Instructions to Complete SOFGF – Subrecipient’s Schedule of Federal Governmental  
Funding (SOFGF) AND Amount of Contributions Received.**

**NOTE: Deadline For Submission of SOFGF: August 27, 2018**

**Page Number:** Enter the Page number for every SOFGF page. If more than 1 page is needed, enter the Page numbers- for example, Page 1 of 3.

**Subrecipient’s Fiscal or Calendar Year Ending Date (FY or CY below):** Enter your Agency’s fiscal or calendar year ending date that falls between July 1, 2017 and June 30, 2018 (Fiscal Year 2018) on the line provided.

**Basis for Federal Expenditures Incurred:** The amount of Federal expenditures can be based initially upon **estimated or actual expenditures.** You must enter “X” on the line after the appropriate category - **ESTIMATED or ACTUAL.** Also, see below for additional instructions about estimated or actual expenditures.

ALL categories BELOW pertain to federal funds FOR YOUR AGENCY’S FY or CY Ending Date that falls between 7/1/17 to 6/30/18.

**NOTE: Please make sufficient copies of the blank SOFGF, so that awards/contracts and expenditures would be shown from every individual Federal Department, as well as, for the overall amount of total Federal expenditures from all Federal Departments’ for your agency.**

**Federal Funding Department:** Enter the name of a single Federal Department from which your agency incurred Federal expenditures via direct and/or passed through sources. Example: HUD.

**NOTE: Use one or more SOFGF form(s) for each individual Federal Funding Department.**

**Program Title:** Enter the federal program title for each federal program, and for every federal award/contract under the auspices of a single Federal Department.

**CFDA Number:** Enter the Catalog of Federal Domestic Assistance Number(s) (CFDA #(s)) for each federal contract, for example: CFDA # for the CDBG Program is 14.218.

To find the CFDA number(s), see the last or next to last page of the Contract Budget, entitled “Summary of Project/Contract Award.”

**Award(s)/Contract(s) Number(s):** Enter the number(s) assigned by the Federal funding Department or by the Pass Through Agency to identify the specific award(s)/contract(s).

**Award/Contract Period:** Enter the starting and ending dates for each specific Federal award/contract.

**Award/Contract Amount:** Enter the total amount of Federal funds awarded for each specific Federal award/contract number, for the above particular contract period.

**Award/Contract Expenditures:** Enter the total amount of Federal expenditures incurred by your agency for each specific Federal award/contract number. This amount should be supported by appropriate entries in your Agency's accounting system.

**NOTE:** When the **total amount of Federal Expenditures incurred** is initially based upon an estimate of Federal Expenditures incurred, it is **MANDATORY to do as follows:**

1. Following submission of a SOFGF initially based on estimated federal expenditures incurred that are less than \$750,000; you must submit a REVISED SOFGF when it is determined that the actual amount of total Federal expenditures *incurred from all Federal Departments is actually \$750,000 or more.*
2. Following submission of a SOFGF initially based on estimated total federal expenditures incurred from all Federal Departments that are \$750,000 or more; you must submit a REVISED SOFGF when it is determined that the actual amount of total Federal expenditures *incurred from all Federal Departments is actually less than \$750,000.*

**Pass Through Agency:** Enter the name of each agency that passed through Federal financial assistance to your agency.

Enter N/A if your agency received Federal financial assistance **directly** from the Federal funding Department for the specific award/contract.

**Total Expenditures From Above Federal Funding Department:** Enter the name of the Federal Department, and total amount of Federal expenditures incurred by your agency from the same Federal Department indicated above for all awards/contracts that were either directly awarded or passed through.

**Total Federal Expenditures from All Federal Departments for FY 2018:** Enter the total amount of ALL Federal expenditures incurred from ALL Federal Departments by your agency for fiscal year 2018.

**Total Amount of Contributions Received for FY 2018:** Enter the total amount of contributions received for fiscal year 2018.

**Agency Name:** Print or type your Agency's name.

**Prepared By:** Print or type the name of the person whom prepared the SOFGF.

**Preparer's Position Title:** Print or type the position title of the person whom prepared the SOFGF.

**Authorized Signature:** The SOFGF shall be signed by either the Executive Director, Fiscal Officer or Board President.

**Authorized Name:** Print or type the name of the authorized signer.

**Federal EIN:** Enter your agency's Federal Employer ID #.

**Date:** Enter the date when the SOFGF is signed.

**Executive Director:** Enter the **printed or typed** name, email and phone number.

**Fiscal Director/Accountant:** Enter the **printed or typed** name, email and phone number.

**NOTE:** The SOFGF **will not be accepted unless all required information has been provided.** No extension of the deadline for submission of the SOFGF will be made if the SOFGF is incomplete.

Call or email Patricia Williams at 215-686-9734 or [patricia.williams@phila.gov](mailto:patricia.williams@phila.gov) for any questions about the completion of the SOFGF.