

FY 2018 Subrecipient's Schedule of Federal Governmental Funding (SOFGF) And Total Amount  
 of Contributions Received for Fiscal or Calendar Year Ending Date between 7/1/17 and 6/30/18  
**FY 2018 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 2018**

\$ \_\_\_\_\_ **Total Amount of Contributions Received For FY 2018**

\$ \_\_\_\_\_

_____	_____	_____
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