

**Instructions to Complete Subrecipient's Schedule of Federal Governmental
Funding (SOFGF) AND Amount of Contributions Received
For Fiscal Year 2019
Audit Arrangement Requirements for Fiscal Year 2019**

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

NOTE: Deadline For Submission of SOFGF: August 26, 2019

Page Number: Enter the Page number for every SOFGF page. If more than 1 page is needed, enter the Page numbers (ex. Page 1 of 3).

Subrecipient's Fiscal or Calendar Year Ending Date (FY or CY): Enter your Agency's fiscal or calendar year ending date that falls between July 1, 2018 and June 30, 2019 (Fiscal Year 2019) 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 7/1/18 to 6/30/19

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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 2019: Enter the total amount of ALL Federal expenditures incurred from ALL Federal Departments by your agency for fiscal year 2019.

Total Amount of Contributions Received for FY 2019: Enter the total amount of contributions received for fiscal year 2019.

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 Brent Carter at 215-686-9734 or brent.carter@phila.gov for any questions about the completion of the SOFGF.