

FY 2023 Subrecipient's Schedule of Federal Governmental Funding (SOFGF) And Total
Amount of Contributions Received for Fiscal or Calendar Year Ending Date between 7/1/22 and
6/30/23

FY 2023 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>ALN#</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 2023 \$ _____

Total Amount of Contributions Received for FY 2023 \$ _____

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