

FY 2024 Subrecipient's Schedule of Federal Governmental Funding (SOFGF) And Total Amount of Contributions Received for Fiscal or Calendar Year Ending Date between 7/1/23 and 6/30/24

**FY 2024 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 2024** \$ \_\_\_\_\_

**Total Amount of Contributions Received for FY 2024** \$ \_\_\_\_\_

\_\_\_\_\_  
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