

**PHFA Housing Services Department
Pennsylvania Family Resource Center Program**

Instructions for Completing Quarterly Progress and Expense Report

The FRCP Quarterly Progress and Expense Report is to be completed jointly by management and the service provider. The site manager is to sign as certification of the report's accuracy. Submit 1 copy to your Housing Services Representative by the 15th of the month following each quarter.

<p>Eastern PA Submit 1 copy to: Housing Services Representative PA Housing Finance Agency Bldg 3, Ste 300 151 West Marshall Street Norristown, PA 19401 FAX: 610.270.1355</p>	<p>Central PA Submit 1 copy to: Housing Services Representative Housing Services Department PA Housing Finance Agency PO Box 8029 Harrisburg, PA 17105-8029 FAX: 717.780.3867</p>	<p>Western PA Submit 1 copy to: Housing Services Representative PA Housing Finance Agency Building 200 2275 Swallow Hill Road Pittsburgh, PA 15220 FAX: 412.429.2835</p>
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Section 1: Program Objectives and Targeted Outcomes Progress. In the site's original FRCP application for funding, program objectives and targeted outcomes were identified. List up to four program objectives and targeted outcomes and summarize progress made and efforts engaged in achieving them during this quarter.

Examples:

Program Objective 1: Rental delinquencies will be reduced by 50% through resident participation in available state and federal asset building programs and introduction of interim payment schedules.

Progress: A neighborhood bank agreed to establish automatic rent payment deposit accounts for 10 residents who have a history of late or non-payment of rent. Five of the 10 residents have signed agreements to deposit a portion of each paycheck in that rent account, which will then direct-pay rent to management on the 5th of each month. Educational programs on the Earned Income Tax Credit and Family Savings Account programs were held. Fifteen residents signed up for EITC and 11 for FSA.

Program Objective 2: Eviction actions due to poor housekeeping will be eliminated.

Progress: Four residents that were issued domestic management citations during the last unit inspection have signed agreements to participate in a six week educational program sponsored by Penn State Extension. Each resident is shown proper cleaning techniques and strategies during the first week's session and then shadowed and assisted for the next five weekly sessions. Participants receive cleaning supplies each week and \$50 Giant Eagle gift certificates for successfully completing the six week program. A development-wide incentive program rewards residents that have exemplary housekeeping efforts with \$10 grocery certificates.

Section 2: Lease Infractions and Referrals. For each category of Lease Infraction, identify the number of households on the property who are out of compliance with the lease this quarter. Identify the number of referrals management made to the service provider for each category of infraction. In each row, identify the number of positive outcomes (situation resolved without eviction), unresolved (situation is not yet resolved, the problem still remains), and evictions. Use the last row to report on actions being taken for lease infractions that are currently unresolved.

Section 3: Resources Leveraged. List various agencies involved in providing services to the development during this quarter, including group services from community organizations, grants and donations. State the type of assistance or support leveraged. Estimate the in-kind cost, cash or program dollars leveraged during this quarter.

Section 4: Expenses. Summarize significant financial information relating to the FRCP. PHFA reserves the right to review all program and financial records. Management must maintain original invoices for financial transactions for five years after the close of the FRCP on-site.

The program budget can be amended by submitting to PHFA a request for approval to reallocate funds from one program expense to another. Amendments are necessary when an approved line item is increased or decreased by \$5,000 or more. All budget amendment requests must include a narrative and revised budget. The Property Manager and Service Provider must agree with the changes and PHFA must approve all budget changes before the transaction is approved.

BUDGET CATEGORY	DIRECTIONS
Personnel Title	List the title of each person approved for the FRCP.
Subtotal Personnel	Enter the total amount for the personnel costs.
Tax/Benefits	Enter the amount for the personnel's tax/benefits.
Total Payroll & Benefits	Enter the total of the line "Subtotal Personnel" plus the line "Tax/Benefits". Total Payroll and Benefits are not to exceed 80% of total budget.
Program Expenses	Enter each type of program expense on a new line.
Total Program Expenses	Enter the total amount for the program expenses.
Administrative Costs	Enter the total amount of administrative costs. Total Administrative Costs are not to exceed 10% of total budget.
TOTALS	Enter the total of the line "Total Payroll and Benefits" plus "Total Program Expenses" plus the "Administrative Costs".
PHFA Funds	Enter the total amount of PHFA Funds expended this quarter.
Funds from Other Sources	Enter the total amount of Funds from Other Sources, if any, expended on the Family Resource Center Program this quarter. "PHFA Funds" plus "Funds from Other Sources" are equal to "TOTALS."

Instructions for the entries in columns 1 through 5 of the Quarterly Financial Report:

COLUMN	CATEGORY	DIRECTIONS
1	Annual Approved Budget	Enter the annual budgeted amounts on the appropriate line item: Personnel, Tax and Benefits, Program Expenses or Administrative Costs. These numbers are from the appropriate year of Program Budget, Exhibit C of the Application for Funding.
2	Expenses from Prior Quarter(s)	Enter the total expenses to date excluding the current quarter to the appropriate line item: Personnel, Tax and Benefits, Program Expenses or Administrative Costs. These figures can be taken from column 4 of the previous quarterly financial report.
3	Expenses from Current Quarter	Enter the actual expenses incurred during the current quarter in the appropriate line item: Personnel, Tax and Benefits, Program Expenses, or Administrative Costs. Required Attachment: Either: An invoice from the service provider containing a breakdown of each line item including the number of hours each person worked under the FRCP or Or: Attach copies of corporate payroll records substantiating the salaries listed including the name of the person working under FRCP, their title as reflected on the approved budget, number of hours worked, their rate of pay and the time period the record covers. Also attach copies of receipts whenever an individual line item in the program expense category exceeds \$500 for the current quarter.
4	Expenses To Date	Add column 2 plus column 3.
5	Balance of Funds Available	Subtract column 4 from column 1.