

**Pennsylvania Housing Finance Agency
Philadelphia Family Resource Center Initiative**

Quarterly Financial Report (Form A)

For the Period _____ to _____

PHFA #: _____

Property Name: _____

Service Provider's Name: _____

Contact Person: _____ Telephone: _____

	1	2	3	4 (col 2 + 3)	5 (col 1-col 4)
Budget Category	Annual Approved Budget	Expenses for Current Quarter	Expenses from Prior Quarters	Expenses to Date	Balance
Personnel Title: PHFA Funds					
1. Service Coordinator					
2. Supervision (10% of Line 1)					
3. Tax/Benefits (20% of Line 1)					
Total PHFA Funds					
Personnel Title: Match Funds					
4. Additional S.C. Hours					
5. Additional Supervision					
6.					
7.					
Program Expenses: Match Funds					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Administrative Costs Match Funds					
Total Match Funds					
Total PHFA & Match Funds					