

**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					

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

Quarterly Request for Payment (Form B)

The Quarterly Request for Payment form should only reflect PHFA funds. Do not include Match Funds.

For the Period _____ to _____

PHFA #: _____

Property Name: _____

Service Provider's Name: _____

Contact Person: _____ Telephone: _____

Address to which check should be mailed: _____

a. Annual Approved Budget (Column 1) _____

b. PHFA Payments Received to Date (Column 3) _____

c. Remaining PHFA Budgeted Funds Available (a-b) _____

d. Expenses for Current Quarter/
Request for Payment (Column 2) _____

For PHFA Use Only: Approved Amount for Payment _____ Initials _____
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**Pennsylvania Housing Finance Agency
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Quarterly Activity Report

I. Participant Information

Quarter Ending:	PHFA Property #:
Site(s) Served:	Occupied Units/Total Units:
Service Provider:	Telephone:
Person Compiling Activity Report:	
Manager Signature:	

II. Quantitative Program Data

Current Quarter	Year to Date Total (Since 7/01/05)
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A. GENERAL INFORMATION

This information should be provided by the management agent or their representative.

- Number of new residents
- Number of move-outs
Positive: Family chooses to move w/ appropriate notice
Negative: Eviction or family vacates without notice

B. FAMILY SUPPORTIVE SERVICES

This information should be provided by the service provider or their representative.

- Number of family needs assessments completed
- Number of referrals made to outside service providers
- Resources leveraged
(Dollar Amount from Worksheet A)

C. PROPERTY MANAGEMENT

This information is based on data provided by the management agent or their representative

- Number of referrals received from Property Management relating to late payment or no payment of rent
- Number of referrals received from Property Management relating to poor housekeeping
- Number of referrals received from Property Management relating to other lease violations

The worksheets labeled A-C will assist you in completing the above information. Please submit the worksheets with your quarterly activity report. If you have questions, call (610) 270-1989.

PHFA Philadelphia FRCI Quarterly Activity Report

Leveraged Resources Worksheet (A)

List the various agencies involved in helping to achieve Family Supportive Services Program goals this quarter. Be sure to state the type of assistance or support leveraged. Include the estimated in-kind cost, cash, or program dollars leveraged. Enter the total leveraged resources under Section B, line 3. Examples are below:

PHFA Property _____ Quarter Ending _____

EXAMPLE:

Agency	Type of Assistance or Support	Amount Leveraged
St. Neighborhood's Church	Donated Space to Hold 4 Workshops this quarter. (usually charges \$50 an event)	\$200
Community Pool	Reduced tickets for swimming. Charges \$2 instead of \$3 (at 20 children x 4 trips this quarter)	\$80
Job Training Association	Employment Advisor on-site 4 hrs/wk to counsel interested residents. Estimated at \$12/hr for 12 weeks.	\$576
Property Management Co.	Provided subsidy for 8 children to attend summer camp (\$45 per child)	\$360
Summer Food Program	Provides lunch to 25 children for 10 weeks, three days a week. Estimated at \$1.50 per meal.	\$1,125
Local Grocery Store	Donated 10 gift certificates at \$5.00/each.	\$50
Total Leveraged Resources		\$2,391

Agency	Type of Assistance or Support	Amount Leveraged
TOTAL AMOUNT LEVERAGED (insert total Section B line 3)		

PHFA Philadelphia FRCI Quarterly Activity Report Lease Infractions and Referrals Worksheet (B)

This information should be supplied by the service provider. Note: all property management related referral data included here must be consistent with the referral data included on page 1 Section C of this report. The service provider must convey the actions taken to address all referrals issued in each infraction area and those referrals generated from the service provider. The completed report must include a current status on all unresolved cases.

PHFA Property _____

Quarter Ending _____

Example:

Referral Type	Total # HH this qtr	# HH Referred by Mgmt	Actions Taken and Referrals Made to Other Service Providers	# of Positive Outcomes	# Un-resolved*	# of Evictions
Rental Delinquency	10	5	Met with each resident regarding reason for rent delinquency. Referred 7 residents for rent assistance to: community action, state building, and homeless prevention. 3 residents received direct rental assistance. 2 signed up for budgeting/credit counseling classes on-site. 2 on repayment plans.	3	6	1

Lease Infractions and Referrals						
Referral Type	Total # HH this qtr	# HH Referred by Mgmt	Actions Taken and Referrals Made to Other Service Providers	# of Positive Outcomes	# Un-resolved*	# of Evictions
TOTAL:						

Status of unresolved cases:

PHFA Philadelphia FRCI Quarterly Activity Report Program Objectives and Targeted Outcomes Progress Worksheet (C)

In the site's current FRCI application for funding, program objectives and targeted outcomes were identified. List up to 4 program objectives and targeted outcomes and summarize progress made and efforts engaged in achieving them during this quarter.

PHFA Property _____

Quarter Ending _____

Example:

Target Outcome	Baseline	Program Objectives	Progress/Results
Reduce # of HH issued domestic maintenance citations to 45.	2002: 60 domestic maintenance citations were issued.	Bi-monthly housekeeping/maintenance seminars attended by 75% of cited and 25% of new HH. On-going counseling & instruction for repeat offenders.	2 seminars held. Total attendance 15 (100% of cited HH, 0% of new HH). 3 residents receiving weekly instruction. 1st qtr. Citations:15

Program Objectives and Targeted Outcomes – Progress			
Target Outcome	Baseline	Program Objectives	Progress/Results
Target Outcome	Baseline	Program Objectives	Progress/Results
Target Outcome	Baseline	Program Objectives	Progress/Results
Target Outcome	Baseline	Program Objectives	Progress/Results