

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

Instructions for Completing the Quarterly Financial Report (Form A)

This form summarizes significant financial information relating to the Philadelphia Family Resource Center Initiative. The report provides information for both the service provider and PHFA on the status of the program. PHFA reserves the right to review all program and financial records. Therefore, the Service Provider must maintain original invoices for all financial transactions for a period of five years.

The budget may 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. Both Property Manager and Service Provider must be in agreement with the changes and PHFA must approve all budget changes before the transaction is approved.

Budget Category	General Directions
Personnel Title	List the name of the Service Coordinator
Supervision	List the title of the person performing supervision of the FRCI.
Tax/Benefits	Enter the amount for tax and benefits.
Total PHFA Funds	Enter the total of Service Coordinator, Supervision, and Tax and Benefits lines.
Personnel Title: Match Funds	Enter any additional match funds committed to the Service Coordinator or Supervision over and above the funds committed by PHFA.
Program Expenses: Match Funds	Enter each type of program expense on a new line.
Administrative Costs	Enter the total amount of administrative costs.
Total Match Funds	Enter the total of all Match items: Additional SC Hours, Additional Supervision, Program Expenses, and Administrative Costs.
Total PHFA & Match Funds	Enter the Total of PHFA Funds plus Total Match Funds.

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

COLUMN #	CATEGORY	DIRECTIONS
1	Annual Approved Budget	Enter the annual budgeted amounts from the Program Budget as approved by PHFA to the appropriate line item:
2	Expenses for Current Quarter	Enter the actual expenses realized during the current quarter to the appropriate line item.
3	Expenses from Prior Quarters	Enter the total expenses incurred to date to the appropriate line item excluding the current quarter.
4	Expenses To Date	Enter the expenses to date by adding column 2 (current quarter) to column 3 (prior quarters).
5	Balance	Enter balance of funds by subtracting column 4 (expenses to date) from column 1 (annual budget).

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Instructions for Completing the Quarterly Request for Payment (Form B)

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

CATEGORY	DIRECTIONS
a. Annual Approved Budget of PHFA Funds	Enter the total annual approved budget amount as shown on the Total PHFA Funds line of column 1 of the Quarterly Financial Report.
b. PHFA Payments Received to Date	Enter the total of all funds received from PHFA for all previous quarters during the current contract. This figure should agree with the PHFA Total of column 3 of the Quarterly Financial Report.
c. Remaining Budgeted PHFA Funds Available	Subtract: (a) less (b).
d. Expenses for Current Quarter/ Request for Payment	Enter the expenses from current quarter as shown on the Total PHFA Funds line of column 2 of the Quarterly Financial Report.