Financial Reporting Form
Office of Sustainable Housing and Communities

OSHC Reimbursement Documentation					
Grant Agreement Number:					
Grantee Organization:					
Report Period:	**from**		**to**		

BUDGET CATEGORIES	HUD NEGOTIATED BUDGET	HUD EXPENDED THIS PERIOD	HUD EXPENDED TO DATE	HUD AVAILABLE BALANCE	MATCH CONTRIBUTION (IF APPLICABLE)
1. Personnel (Direct Labor)	$ -	$ -	$ -	$ -	
2. Fringe Benefits	$ -	$ -	$ -	$ -	
3. Travel	$ -	$ -	$ -	$ -	
4. Equipment	$ -	$ -	$ -	$ -	
5. Supplies and Materials	$ -	$ -	$ -	$ -	
6. Consultants				$ -	
6a.	$ -	$ -	$ -	$ -	
6b.	$ -	$ -	$ -	$ -	
6c.	$ -	$ -	$ -	$ -	
6d.	$ -	$ -	$ -	$ -	
Subtotal Item 6	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
7. Sub-Recipients / Contractors				$ -	
7a.	$ -	$ -	$ -	$ -	
7b.	$ -	$ -	$ -	$ -	
7c.	$ -	$ -	$ -	$ -	
7d.	$ -	$ -	$ -	$ -	
7e.	$ -	$ -	$ -	$ -	
7e.	$ -	$ -	$ -	$ -	
7f.	$ -	$ -	$ -	$ -	
Subtotal Item 7	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8. Construction	$ -			$ -	
9. Other Direct Costs	$ -			$ -	
10. Indirect Costs				$ -	

TOTALS	$ -	$ -	$ -	$ -	$ -

Public reporting burden for this collection of information is estimated to average 0.25 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for mandatory semi-annual financial reporting and reimbursement requests and will be used for tracking HUD award funds and recipient match funds. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. No confidentiality is assured.

OSHC Financial Reporting Form Instructions for Grantee:
Complete column C, *HUD EXPENDED THIS PERIOD*, and column F, *MATCH CONTRIBUTION (IF APPLICABLE),* where highlighted in yellow. All other cells will either be automatically calculated, pre-populated, or not required.