

FRONTI ER HOUSING, INC. Job Description Form

| Division/Department Finance | | | |
|---|-------------------------|-------------|--|
| Job Title: Grant & Loan Administrator | | | |
| Supervisor's Title: | Chief Financial Officer | | |
| Supervises: (Titles): N/A | | | |
| | Type of position: | Hours/ week | |
| | X Full-time | X Exempt | |
| | ☐ Part-time | Nonexempt | |
| | ☐ Contractor | | |
| | □ Intern | | |
| GENERAL DESCRIPTI | ON | | |
| This position reports directly to the Chief Financial Officer and is responsible for managing, tracking and reporting of loans and grants to lenders, funders and management. | | | |
| ESSENTI AL JOB RESPONSI BI LI TI ES | | | |
| Prepare and submit timely, accurate and compliant reports as required by lenders and funders. Work with personnel in other divisions to assure data originated in and/or submitted by their divisions is accurate and reported as required. | | | |
| Prepare weekly management reports disclosing status of all grants and loans. | | | |
| Prepare monthly repayment requirements data for all outstanding loans. Report to management and accounting. | | | |
| Responsible for day to day management of draw requests and loan draw repayments as required for construction and development cash-flow requirements. | | | |
| All other duties as assigned by the Chief Financial Officer. | | | |
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| EXPERIENCE, SKILLS AND EDUCATION REQUIREMENTS | | | |
| Bachelor's degree in accounting, finance or business administration preferred. | | | |
| Experience working with non-profits. | | | |
| Working knowledge of accounting, excel, word is a must. | | | |
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| By signing in the space provided below, I acknowledge receipt of this job description and understand that I will be held accountable to perform these duties to the best of my ability and in accordance the annual and multi-year performance goals of this organization established and adopted by the Board of Directors. | | | |
| EMPLOYEE SIGNATURE: | DATE: | | |
| DELUCION DA | | | |
| REVIEWED BY (SUPERVISOR) | Title | | |
| APPROVED BY (DEPARTMENT HEAD) | Title | | |
| DATE OF REVISION April 14, 2010 | | | |