

FINANCIAL STATUS REPORT	1. FEDERAL AGENCY & ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED FOOD AND NUTRITION SERVICE, USDA	FEDERAL GRANT OR OTHER NUMBER Letter of Credit No. 12-35-	2a. FISCAL YEAR
3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code. Also enter assigned State code.)	4. UNIVERSAL IDENTIFIER NUMBER	5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER	6. FINAL REPORT
	8. PROJECT/GRANT PERIOD		7. BASIS ___ CASH ___ ACCRUAL
	9. PERIOD COVERED BY THIS REPORT		

10. STATUS OF FUNDS **FOOD STAMP PROGRAM**

PROGRAMS/FUNCTIONS/ACTIVITIES	1 CERTIFICATION	2 COUPON ISSUANCE	3 PERFORMANCE QUAL. CNTL.	4 REPORTING MGT.EVAL.	5 50% FUNDING FRAUD CNTL.	6 75% FUNDING FRAUD CNTL.	7 ADP OPER	8 FAIR HEARINGS	9 OTHER ACTIVITIES	10 TOTAL
a. Net outlays previously reported										
b. Total outlays this report period										
c. Less: Program Income credits										
d. Net outlays this report period <i>(Line b minus line c)</i>										
e. Net outlays to date <i>(Line a plus line d)</i>										
f. Less: Non-Federal share of outlays										
g. Total Federal share of outlays <i>(Line e minus line f)</i>										
h. Total unliquidated obligations										
i. Less: Non-Federal share of unliquidated obligations shown on line h										
j. Federal share of unliquidated obligations										
k. Total Federal share of outlays and unliquidated obligations										
l. Total cumulative amount of Federal funds authorized										
m. Unobligated balance of Federal funds										

11. INDIRECT EXPENSE	a. TYPE OF RATE ___ PROVISIONAL ___ PREDETERMINED ___ FINAL ___ FIXED b. RATE c. BASE d. TOTAL AMOUNT e. FEDERAL SHARE	13. CERTIFICATION I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED
12. REMARKS: Attach any explanation deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
STAMP DATE	LAST UPDATED BY	LAST UPDATED ON	NAME	TITLE
				TELEPHONE NO. AREA CODE NUMBER

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing regulation (34 C.F.R 256) NDB Electronic Version

NOTE: When reordering this form specify "SF-269 FOOD STAMP " Exception to SF-269. approved by NARS (11-80)

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10. STATUS OF FUNDS **FOOD STAMP PROGRAM**

PROGRAMS/FUNCTIONS/ACTIVITIES	11 E&T 100% GRANT	12 E&T 50% GRANT	13 E&T DEPENDENT CARE	14 E&T TRANS. & OTHER	15 OPTIONAL WORKFARE	16 OUTREACH	17 NUTRITION EDUCATION	18 REINVESTMENT	19 SAVE	20 PAGE 2 SUBTOTAL
a. Net outlays previously reported										
b. Total outlays this report period										
c. Less: Program Income credits										
d. Net outlays this report period (Line b minus line c)										
e. Net outlays to date (Line a plus line d)										
f. Less: Non-Federal share of outlays										
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10. STATUS OF FUNDS **FOOD STAMP PROGRAM**

PROGRAMS/FUNCTIONS/ACTIVITIES	31 BENEFIT DATA	32 ENHANCED FUND-QC
a. Net outlays previously reported		
b. Total outlays this report period		
c. Less: Program Income credits		
d. Net outlays this report period <i>(Line b minus line c)</i>		
e. Net outlays to date <i>(Line a plus line d)</i>		
f. Less: Non-Federal share of outlays		
g. Total Federal share of outlays <i>(Line e minus line f)</i>		
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