

<b>FINANCIAL STATUS REPORT</b>	1. FEDERAL AGENCY & ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED <b>FOOD AND NUTRITION SERVICE, USDA</b>	FEDERAL GRANT OR OTHER NUMBER <b>Letter of Credit No. 12-35-</b>	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 (Line b minus line c)											
e. Net outlays to date (Line a plus line d)											
f. Less: Non-Federal share of outlays											
g. Total Federal share of outlays (Line e minus line f)											
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				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	
	b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE							
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)

STANDARD FORM 269 (7-03) (FOOD STAMP) Printed on Page 1 of 4

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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)										
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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	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.		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.						
STAMP DATE	LAST UPDATED BY				LAST UPDATED ON	NAME	TITLE	TELEPHONE NO.
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**10. STATUS OF FUNDS** **FOOD STAMP PROGRAM**

PROGRAMS/FUNCTIONS/ACTIVITIES	21 50% FUNDING ADP DEV.	22 63% FUNDING ADP DEV.	23 75% FUNDING ADP DEV.	24 EBT ISSUANCE	25 ISSUANCE INDIRECT	26 EBT STARTUP	27 UNSPECIFIED PORTION OF OTHER	28 E&T ABAWD GRANT	29	30 PAGE 3 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)										
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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	
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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 (Line b minus line c)		
e. Net outlays to date (Line a plus line d)		
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