

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	4. EMPLOYER IDENTIFICATION NUMBER	5. RECIPIENT ACCOUNT NUMBER OR	6. FINAL REPORT
	8. PROJECT/GRANT PERIOD		7. BASIS ___ CASH ___ ACCRUAL
		9. PERIOD COVERED BY THIS REPORT	

10. STATUS OF FUNDS	CHILD AND ADULT CARE PROGRAM					SUMMER PROGRAM				ADVANCES
PROGRAMS/FUNCTIONS/ACTIVITIES	1 MEAL SERVICE	2 SPONSOR ADMIN.	3 AUDIT	4 START-UP & EXPANSION	5 CASH FOR COMMODITIES	6 MEAL SERVICE	7 SPONSOR ADMIN.	8 INSPECTION	9 STATE ADMIN. FUNDS	10 TOTAL (Add Cols. 1,2,6 & 7)
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										
n. Advances Only										

11. INDIRECT EXPENSE	a. TYPE OF RATE	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						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.			
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)

NOTE: When reordering this form specify "FNS-777 Child Nutrition " Exception to SF-269. approved by NARS (11-80)

Printed on

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	2a. FISCAL YEAR
3. RECIPIENT ORGANIZATION (Name and complete address, including	4. EMPLOYER IDENTIFICATION NUMBER	5. RECIPIENT ACCOUNT NUMBER OR	6. FINAL REPORT
			7. BASIS ___ CASH ___ ACCRUAL
8. PROJECT/GRANT PERIOD			9. PERIOD COVERED BY THIS REPORT

10. STATUS OF FUNDS	SAE	SCHOOL PROGRAMS					TOTALS			
PROGRAMS/FUNCTIONS/ACTIVITIES	11 SAE	12 SAE (FD ONLY)	13 SPECIAL MILK	14 SCHOOL LUNCH	15 SCHOOL BREAKFAST	16 SCH. CASH FOR COMMOD.	17 SUMMER CASH FOR COMMOD.	18	19	20 (Add Cols.1-9,11,13-17)
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. funds authorized										
m. Unobligated balance of Federal funds										

Enter amount federal outlays & unpaid obligations for special developmental project funds used or obligated by program. (Amounts included in item k)	SMP	NSLP	SBP	CACFP	SFSP		
---	-----	------	-----	-------	------	--	--

11. INDIRECT EXPENSE	a. TYPE OF RATE	b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE	13. CERTIFICATION	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED
						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.		
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)

NOTE: When reordering this form specify "FNS-777 Child Nutrition " Exception to SF-269. approved by NARS (11-80)

Printed on