

**WIC FINANCIAL MANAGEMENT AND PARTICIPATION REPORT**

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STATE	LOC	FISCAL YEAR	REPORT MONTH/CALENDAR YEAR	DATE SUBMITTED
SEVEN DIGIT CODE	DATA SIGNED	DATE RECEIVED IN R/O	LATEST REPORT MONTH AND REVISION	<input type="checkbox"/> MONTHLY REPORT <input type="checkbox"/> ANNUAL CLOSEOUT REPORT

<b>Food Obligation Estimates</b>	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total
1. Adjusted Gross Obligations													
2. Estimated Rebates													
3. Net Federal Obligations													

<b>Actual Food Outlays</b>	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total
4. Gross Outlays													
5. Unliquidated Obligations													
6. Gross Outlays & Unliq													
7. Rebates Billed													
8. Program Income													
9. Postpymt Vendor Collections													
10. Participant Collections													
11. Other Credits													
12. Net Federal Outlays & Unliq													
13. Month Closed Out (Y/N)													
14. Annual Net Federal Cost													

<b>Federal Participation</b>	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total
15. a. Women Pregnant													
b. Women Fully Breastfeeding													
c. Women Partially Breastfeeding													
d. Women Postpartum													
e. Total Women													
16. a. Infants Fully Breastfed													
b. Infants Partially Breastfed													
c. Infants Fully Formula-fed													
d. Total Infants													
17. Children													
18. Total													

<b>Year-to-Date NSA Costs</b>	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total
19. Gross Outlays													
20. Unliquidated Obligations													
21. Gross Outlays & Unliq													
22. Program Income													
23. Postpymt Vendor Collections													
24. Participant Collections													
25. Other Credits													
26. Net Federal Outlays & Unliq													
27. Est. Future Month(s) Oblig													
28. Annual Net Fedral Cost													

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TRANSACTION	COST CATEGORY		
	(A) FOOD	(B) NSA	(C) TOTAL
29. Formula Grant			
30. Prior Year Spending Options			
a. Spendforward from Prior Year			
b. Backspend to Prior Year			
31. Subtotal (29 plus 30)			
32. Annual Net Federal Cost			
33. Balance Before Application of Prepayment Vendor Collections (31 minus 32)			
34. Prepayment Vendor Collections Applied to NSA			
35. Balance Before Conversion (33 plus 34)			
36. Conversion			
a. Food to NSA			
b. NSA to Food			
37. Balance After Conversion (35 plus 36)			
38. Current Year Spending Options			
a. Spendforward to Following Year			
b. Backspend from Following Year			
39. Results of Report Year Program Operations (37 plus 38)			
40. Preliminary Recoveries/Cash Transfers			
a. Preliminary Recoveries			
b. Cash Transfers in (out)			
c. Total Recoveries/Cash Transfers			
41. Federal Funds to be Recovered (Restored) (39 plus 40c)			

**Explanatory Notes:**

42. Funds Spent for Breast Pumps			
43. Average Migrant Participation (July - June)			

**Remarks:**

Certification  I certify to the best of my knowledge and belief that this report is correct and that all outlays and unliquidated obligations are for the purposes set forth in the award document.	Typed Name and Title of Certifying Officer	
	Signature	
	Telephone Number	
STAMP/CERTIFY DATE	LAST UPDATED BY	LAST UPDATED ON