

**FINANCIAL STATUS REPORT
ADDENDUM**1. FEDERAL AGENCY & ORGANIZATIONAL ELEMENT
TO WHICH REPORT IS SUBMITTED
FOOD AND NUTRITION SERVICE, USDA

2. Letter of Credit No. 12-35-		3. STATE AGENCY (Name and complete address,including ZIP code)			
2a. FISCAL YEAR					
4. UNIVERSAL IDENTIFIER NO.	5. STATE AGENCY ACCOUNT NO. OR ID	6. FINAL REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		7. BASIS <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
8. PROJECT/GRANT PERIOD		9. PERIOD COVERED BY THIS REPORT			
FROM (Month, Day, Year)	TO (Month, Day, Year)	FROM (Month, Day, Year)	TO (Month, Day, Year)		
10. STATUS OF FUNDS		SNAP			
FUNCTIONS/ACTIVITIES		31 PROGRAM BENEFITS			
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 a 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					
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 OFFICIAL		DATE REPORT SUBMITTED	
		NAME TITLE		TELEPHONE NO.	
		AREA CODE		NUMBER	
12. REMARKS: Attach any explanation deemed necessary or information required by FNS in compliance with governing legislation.					

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)

FORM FNS-778A (10-08)

Electronic Form Version Designed in Adobe 8.1 version

SBU

INSTRUCTIONS

FNS-778A

This form is used only to report the amount expended in program benefits for the Supplemental Nutrition Assistance Program (SNAP) under any FNS approved project or initiative. Use a separate FNS-778A Addendum for each approved project or initiative. Please type or print legibly. The fields and line items for items 1 through 10m are the same as those used on the FNS-778. Directions for those line items may be found on the FNS-778. Specific instructions for column 31 are as follows:

31. PROGRAM BENEFITS: Enter in this Column the amount expended in program benefits for the Supplemental Nutrition Assistance Program (SNAP) under any FNS approved project or initiative in which program benefits were authorized through a grant award to the State agency and funded through the State Agency's Letter of Credit. Use a separate FNS-778 Addendum for each type of project (e.g., SSI/Elderly Cash-out, Welfare Reform Initiative, Group Residential Housing Initiative, etc.) and specify the type of project in the "Remarks" block.

DO NOT include program benefits in Columns 1 - 30 on the FNS-778.

According to the Paperwork Act of 1995, no persons are required to respond to a Collection of Information unless it displays a valid OMB control number. The valid OMB control number is 0584-XXXX. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection.