

Submission Studio

Form Name: SF-425 (10-08)
Form Description: Federal Financial Report
Program: SNAP Healthy Incentives Pilot
State: MA
Agency Code: 2592901 **Agency Name:** MA Department of Transitional Assistance
Program Time: September 2010 **Report Time:** September 2010
Submission Type: Quarterly **Revision:** 0
Submission Status: New Submission

Analyze Save Edit/Check Post Quit

Report	Remarks						
10. Transactions							
Cumulative							
Federal Cash :							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized							
e. Federal share of expenditures							
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)							
h. Unobligated balance of Federal funds (line d minus g)							
Recipient Share:							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)							
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense							
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
g. Totals:							