OMB APPROVED NO. 0584-0067 Expiration Date: XX/XX/XXXX

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-			2. FISCAL YEA	R	
RECIPIENT ORGANIZATION (Name and complete address, including Zip code. Also enter assigned State code.)								5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER					L REPOR		7. BASIS	_
													YES NO CASH			ACCRUAL
	8. PROJECT/GRANT PERIOD								9. PERIOD COVERED BY THIS REPORT							
10. STATUS OF FU	JNDS		CHIL	D AND ADUL	T CARE PROGRAM							SUMMER PROGRAM				ADVANCES
		MEAL	1 2 L SERVICE SPONSOR ADMIN.		3 AUDIT	3	STAR	4 ART-UP PANSION	5 CASH FOR COMMODITIES		6 MEAL SERVICE	SPO	7 NSOR MIN.	8 INSPECTION	9 STATE ADMIN. FUNDS	10 TOTAL (Add Cols. 1, 2, 6 & 7)
a. Net outlays previou	sly reported															
b. Total outlays this re	port period															-
c. Less: Program Inco	me credits															-
d. Net outlays this rep (Line b minus line c																-
e. Net outlays to date (Line a plus line d)																-
f. Less: Non-Federal s	hare of outlays															-
g. Total Federal share of outlays (Line e minus line f)																-
h. Total unliquidated obligations																-
i. Less: Non-Federal s obligations shown o		d														-
j. Federal share of unl	iquidated obligatior	ns														-
k. Total Federal share unliquidated obligat	of outlays and ions															-
Total cumulative amount of Federal funds authorized																_
m. Unobligated balance of Federal funds																
n. Advances Only																
11. INDIRECT EXPENSE	a. TYPE		b. RATE		c. PERIOD FROI		ROM	PEF	RIOD TO d. B.		E		e. AMOUNT CHARGED		f. FEDERAL SHARE	
LAI LIVOL																
								g. T	OTALS							
12. REMARKS: Attach any explanation deemed necessary or information require in compliance with governing legislation.					ed by Federal sponsoring agency			ncy	13. CERTIFICATION: I certify to the best of my knowledge and belief that			IRE OF AUTHORIZED CERTIFYING -			DATE REPORT SUBMITTED	
STAMP DATE LAS		LAST UPD	ATED BY		LAST UPDATE ON			this report is correct a complete and that all								DU CAUE ALC
									and unliquidated are for the purp	d obligationses set f	ons NAIVIL		TITLE ARE			PHONE NO. NUMBER
									in the award do	cuments.					-	-

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"

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis (0584-0067), Alexandria, VA 22302. Do not return the completed form to this address.

FORM FNS-777 (06-11) Previous Editions Obsolete

Electronic Form Version Designed in Adobe 9.1 Version

			1. FEDER	AL AGENCY & C	RGANIZATIONAL	ELEME	NT TO V	FEDERAL GRAN	T OR OTHER	2. FISCAL YEAR					
FINANCIAL STATUS REPORT		FOOD AND NUTRITION SERVICE, USDA								NUMBER Lette	r of Credit 2-35-				
3. RECIPIENT ORGANIZATION (Name and								IPIENT ACCOUNT NUMBER OR			6. FINAL REPOR	RT	7. BASIS		
complete address, including Zip code. Also enter assigned State code.)						IDENI	TIFYING NUMBE	=R		YES	☐ NO	CASH	ACCRUAL		
,					8. PROJ	ECT/GRA	ANT PER	RIOD				9. PERIOD COVER	ED BY THIS REPO	Y THIS REPORT	
10. STATUS OF F	s	AE		SCHOO			L PROGRAMS	<u> </u>					TOTALS		
PROGRAMS/FUNCT	PROGRAMS/FUNCTIONS/ACTIVITIES		11 12 SAE SAE (FD ONLY)		13 SPECIAL MILK		14 OL LUNC	15 SCHOO BREAKFA		16 CH. CASH 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 re	eport 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 un	liquidated obligation	ns													
k. Total Federal share unliquidated obliga															
Total cumulative an funds authorized	nount of Federal														
m. Unobligated balan	ce of Federal funds														
Enter amount federal outlays & unpaid obligations for project funds used or obligated by program. (Amount of the control of th			or special developmental nts included in item k)		SMP	SMP NSL		P SBP		CACFP	SFSP				
11. INDIRECT EXPENSE	a. TYPE	a. TYPE			c. PERIOD FROM		PER	NOD TO	d. BASE		e. AMOUNT CHARGED		f. FEDERAL SHARE		
								OTALS	TION:	T					
	ch any explanation on the control of	nformation require	required by Federal sponsoring a			ency 13. CERTIFICATION: I certify to the best of my knowledge and belief that SIGNA			RE OF AUTHORIZE	ED CERTIFYING	DATE REPO	DATE REPORT SUBMITTED			
STAMP DATE LAST UP		LAST UP	DATED BY		LAST UPDATE ON		1	this report is correct and complete and that all outlays							
								complete and the				TITLE		PHONE NO.	
							are for the purpo	ses set forth	ı			AREA CODE			
							i	in the award doo	cuments.						

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