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### Submission Studio

**Form Name:** SF-425 (10-11)  
**Form Description:** Federal Financial Report  
**Program:** WIC Electronic Benefits Transfer  
**State:** CO  
**Agency Code:** 0891701  
**Agency Name:** CO DEPT OF HEALTH  
**Program Time:** September 2013  
**Report Time:** March 2014  
**Submission Type:** Quarterly  
**Revision:** 0  
**Submission Status:** Posted

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**Report** | Remarks

**8. Project/Grant Period (NOTE: Refer to Grant Award Document for dates)**

From: 09/27/2013 To: 09/30/2015

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	3,823,182

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a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized	3,823,182						
e. Federal share of expenditures	70,905						
f. Federal share of unliquidated obligations	3,752,277						
g. Total Federal share (sum of lines e and f)	3,823,182						
h. Unobligated balance of Federal funds (line d minus g)	0						
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 share of 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)							
<b>11. Indirect Expense</b>							
	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Fixed	0.221000	01/01/2014	03/31/2014	37,078	8,194.238000	8,194
<b>g. Totals:</b>					37,078	8,194.238000	8,194