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To: [Bagland-Gresno, Rachelle - FNS](#)
Subject: FPRS
Date: Thursday, July 17, 2014 6:04:27 AM
Attachments: [image001.png](#)

FYI – the OMB control number and burden statement are now on the FPRS home screen. It was put up a few days ago.

USDA United States Department of Agriculture
Food and Nutrition Service

Food Programs Reporting System

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Welcome to the Food Programs Reporting System (FPRS)

Welcome **Candy Mountjoy**.

The FPRS application allows the entry, validation, certification, and posting of data reported by participants in FNS programs. Please see [About FPRS](#) for details on available programs and form versions.

FPRS Announcements

- **OMB Control Number:** 0584-0594
Expiration Date: 06/30/2017

Public reporting burden for this collection of information is estimated to vary from .17 minutes to 98 hours 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. The public burden statement is accessible for each form/worksheet in multiple places. It can be found on the Excel tab while in Submission Studio or under the Help tab by selecting OMB approved forms /worksheets and instructions by form. The PDF file will open and the burden statement will either be at the top or bottom of the form.
- **Please Note:** Any changes made to a submission **before** 9:30 P.M. Eastern Time should appear in the National Databank (NDB) the next business day. If a change is made to a submission **after** 9:30 P.M. Eastern Time, it may not appear in NDB until the second business day.
- **Attention Users:** While using FPRS, you should have only one (1) FPRS tab open on your Internet Explorer browser. If you have two (2) or more FPRS tabs open, you may experience **data loss** or **data from one open submission overwriting data on another**.

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Program Data Branch
Budget Division
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As schools close, summer feeding sites open! Click below to learn more.





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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		

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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
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
g. Totals:						<input type="text" value=""/>	<input type="text" value=""/>



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12. Remarks

