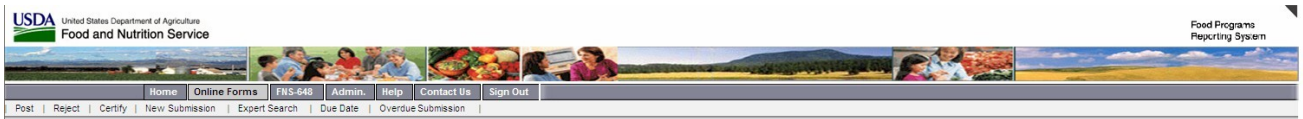

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Submission Studio

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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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:			