FORM APPROVED OMB NO.0584-0081 Expiration Date: XX/XX/XXXX

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM PROJECT AREA DATA FORMAT

This suggested format is provided to ensure consistent reporting nationwide. The actual participation and issuance data reported shall be figures calculated from the annual or automated issuance documents from which households received their allotments.					2. REPORT MONTH & YEAR (FNS-388 Report Attachment)	
					AGENCY CODE:	
3. PROJECT AREA CODE & NAME	PARTICIPATION				6. ACTUAL ISSUANCE	
	4. NUMBER OF PERSONS		5. NUMBER OF HOUSEHOLDS		0. 7.0107.12.10007.11102	
	PUBLIC ASSISTANCE	NON-PUBLIC ASSISTANCE	PUBLIC ASSISTANCE	NON-PUBLIC ASSISTANCE		
NAME OF AUTHORIZED OFFICIAL	TITLE OF AUTHORIZED OFFICIAL		STAMP DATE	SIGN DATE	LAST UPDATED BY	LAST UPDATED ON

FORM FNS-388A (10/09) Previous Editions are Obsolete

Electronic Version Designed in Adobe 10.0 version

