

U.S. DEPARTMENT OF AGRICULTURE - Food and Nutrition Service
WIC FARMERS' MARKET NUTRITION PROGRAM (FMNP)
ANNUAL FINANCIAL AND PROGRAM DATA REPORT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0447. The time required to complete this information collection is estimated to average 3.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

PART A - HEADING

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED FOOD AND NUTRITION SERVICE, USDA	2. STATE 7-DIGIT AGENCY CODE	3. UNIVERSAL IDENTIFIER NUMBER
4. STATE AGENCY NAME AND ADDRESS	5. BASIS <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	6. REPORT YEAR Revision 0, Closeout Report From _____ To _____

PART B - ANALYSIS OF REPORT YEAR PROGRAM ACTIVITY

TRANSACTION	COST CATEGORY		
	FOOD (A)	ADMIN. (B)	TOTAL (C)
7. FORMULA GRANT			
8. BACKSPEND TO PRIOR YEAR			
9. SUBTOTAL (7 PLUS 8)			
10. GROSS OUTLAYS AND UNLIQUIDATED OBLIGATIONS FOR REPORT YEAR			
11. PROGRAM INCOME			
12. NET OUTLAYS AND UNLIQUIDATED OBLIGATIONS (10 MINUS 11)			
13. RECIPIENT'S SHARE OF NET OUTLAYS AND UNLIQUIDATED OBLIGATIONS			
14. FEDERAL PROGRAM OUTLAYS AND UNLIQUIDATED OBLIGATIONS (12 MINUS 13)			
15. BALANCE (9 MINUS 14)			
16. BACKSPEND FROM FOLLOWING YEAR			
17. RESULTS OF REPORT YEAR PROGRAM OPERATIONS (15 PLUS 16)			

PART C - STATUS OF GRANT AWARD

18. FEDERAL OUTLAYS AGAINST THE FORMULA GRANT:			
a. FOR REPORT YEAR OUTLAYS			
b. FOR OUTLAYS OF PRIOR YEAR (BACKSPENT)			
c. TOTAL FEDERAL OUTLAYS (18a PLUS 18b)			
19. FEDERAL UNLIQUIDATED OBLIGATIONS AGAINST THE FORMULA GRANT			
20. FEDERAL OUTLAYS AND UNLIQUIDATED OBLIGATIONS (18c PLUS 19)			
21. FEDERAL FUNDS TO BE RECOVERED (7 MINUS 20)			
22. INDIRECT EXPENSE	a. TYPE OF RATE (check appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed		
	b. RATE	c. BASE	d. TOTAL AMOUNT
	e. FEDERAL SHARE		

PART D - PROGRAM DATA

WIC RECIPIENTS SUPPORTED WITH FEDERAL AND NON-FEDERAL FUNDS	NON-WIC RECIPIENTS SUPPORTED BY NON-FEDERAL FUNDS
23. PREGNANT WOMEN	30. CHILDREN
24. BREASTFEEDING WOMEN	31. ELDERLY
25. POSTPARTUM WOMEN	32. OTHER
26. INFANTS	33. TOTAL NON-WIC RECIPIENTS
27. CHILDREN	34. TOTAL OF WIC AND NON-WIC RECIPIENT (LINE 28 PLUS LINE 33)
28. TOTAL WIC RECIPIENTS (Line 23 THRU Line 27)	
29. HOUSEHOLDS	

SBU

PROFILE OF VENDORS		FMNP ISSUANCE AND REDEMPTION SUMMARY	
35. NUMBER OF AUTHORIZED FARMERS		40. TOTAL VALUE OF COUPONS ISSUED (FEDERAL + NON-FEDERAL)	
36. NUMBER OF AUTHORIZED FARMERS' MARKETS		41. NUMBER OF COUPONS REDEEMED (FEDERAL)	
37. NUMBER OF AUTHORIZED FARM OR ROADSIDE STANDS, IF ANY		42. NUMBER OF COUPONS REDEEMED (NON-FEDERAL)	
38. NUMBER OF COUPONS ISSUED (FEDERAL)		43. TOTAL VALUE OF COUPONS REDEEMED (FEDERAL + NON- FEDERAL)	
39. NUMBER OF COUPONS ISSUED (NON-FEDERAL)			
PART E - OTHER			
REMARKS			
CERTIFICATION:		TYPED NAME AND TITLE OF CERTIFYING OFFICIAL	
I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS CORRECT AND THAT ALL OUTLAYS AND UNLIQUIDATED OBLIGATIONS ARE FOR THE PURPOSES SET FORTH IN THE AWARD DOCUMENT.		SIGNATURE	
		TELEPHONE NUMBER	DATE

INSTRUCTIONS FOR WIC FARMERS' MARKET NUTRITION (FMNP) PROGRAM ANNUAL FINANCIAL AND PROGRAM DATA REPORT

PURPOSE

Each State agency administering the WIC Farmers' Market Nutrition Program (FMNP) shall use the FMNP Annual Financial Report to: (1) report the composition and disposition of its authorized FMNP grant for the Federal fiscal year closed out (i.e., the "report year"); (2) declare its intentions to exercise spending options provided by 7 CFR 248.14; and (3) report the FMNP cost of the report year. FNS will use this information to close out the State agency's financial account for the report year.

Part A – Heading

1. Federal Agency. Identifies the Federal agency. Self-explanatory.
2. State 7-Digit Code. Enter the seven digit State agency identification code assigned by FNS.
3. DUNS Universal ID. OMB requires entities applying for Federal grants to provide government agencies with a Universal Identifier. The initial and annual FMNP State Plan submissions are considered to be applications for a federal grant, and thus State agencies must comply with this requirement. Currently, the Universal Identifier system in use is the Data Universal Numbering System (DUNS).
4. State Agency. Identifies the State agency and address. Self-explanatory.
5. Basis. Check the block that identifies the reporting basis (cash or accrual) used to prepare the report.
6. Report Year. Enter the beginning and ending dates of the report year. This is the 12-month Federal fiscal year to which the report pertains.

Part B – Analysis of Report Year Program Activity

This part analyzes the source(s) and applications of the funds available to the State agency for the report year FMNP outlays. Column (A) captures this information with respect to food outlays (costs); column (B) captures administrative outlays (costs); and column (C) captures the sum of the two components (A&B). FNS will regard an entry in row 16, as applicable, as a declaration of the State agency's intent to exercise the spending option to which the row pertains.

7. Formula Grant. For each column, enter the total dollar amount FNS allocated to the State agency for the report year.
8. Backspend to Prior Year. Enter the dollar amount of funds originating in the report formula grant as applied to food and/or admin outlays of the preceding Federal fiscal year. These amounts are to be reported as a negative numbers.

9. Subtotal. (Row 7 plus row 8).
10. Gross Outlays and Unliquidated Obligations. For each column, enter the sum of the State agency's outlays and unliquidated obligations for report year. Include outlays and unliquidated obligations funded from all sources -- Federal FMNP grant, private funds, local funds, and State funds.
11. Program Income. Enter the total amount of any income generated by FMNP operations during the report year. If no program income was realized, enter "0." See 7 CFR 248.13 for information on program income.
12. Net Outlays and Unliquidated Obligations. (Row 10 minus row 11).
13. Recipient's Share of Net Outlays and Unliquidated Obligations. Self explanatory.
14. Federal Program Outlays and Unliquidated Obligations. (Row 12 minus row 13).
15. Balance. (Row 9 minus row 14).
16. Backspend from Following Year. Enter the dollar amount originating in the formula grant allocated for the Federal fiscal year following the report year, but applied to report year food and/or admin costs.
17. Results of Report Year Program Operations. For each column, add row 15 plus row 16 (If the result is a negative, enclose it in parenthesis).

Part C – Status of Grant Award

18. This item captures the States agency's outlays against the report year formula grant under all spending options for which that formula grant can be used. Enter "0" in any row that does not apply.
 - a. For Report Year Outlays. Enter the amount of outlays against the formula grant for outlays of the report year. Do not include outlays supported by funds identified in rows 8 or 16; such funds are not part of the report year formula grant.
 - b. For Outlays of Prior Year (Backspend). Enter the portion of row 8 outlayed costs of the preceding Federal fiscal year.
 - c. Total Federal Outlays (18a plus 18b). For each column, add row 18a and 18b. If the State agency reports of the accrual basis, the portion of the entry that consists of accrual expenditures (liabilities) should be identified in the Remarks section.

INSTRUCTIONS FOR WIC FARMERS' MARKET NUTRITION (FMNP) PROGRAM ANNUAL FINANCIAL AND PROGRAM DATA REPORT

19. Federal Unliquidated Obligations Against the Formula Grant. Enter the amount of cumulative obligations against the formula grant, for cost of any eligible Federal fiscal year, that remain unliquidated on the date of this report. If all such obligations have been liquidated, enter, "0".

20. Federal Outlays and Unliquidated Obligations. For each column add row 18c plus row 19.

21. Federal Funds to be Recovered. For each column subtract row 20 from row 7. The result is the amount FNS will recover from the State agency when the closeout report is submitted for the report year.

22. Indirect Expense. This item captures information pertaining to indirect expenses charged to the program.

- a. Self-explanatory.
- b. Enter the indirect cost rate in effect during the report period.
- c. Enter the amount of the base against which the rate was applied.
- d. Enter the total amount of indirect cost charged during the report period.
- e. Enter the Federal share of the total amount.

Note: If more than one rate was in effect during the period shown in item 5, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the program, and the Federal share of indirect expenses charged to the program to date.

Part D – Program Data (Line 23 through Line 27).

The number of WIC and non-WIC recipients who were issued FMNP coupons supported by Federal and non-Federal funds. If issuance was to households rather than individuals, enter number of individuals served by category. If age category is unknown, count as "others". The composition of the household must be identified by category in line 23 through line 27.

28. Enter the sum of WIC recipients served. If a State agency is serving households, do not include number in the total.

29. Enter the total number of WIC households served, otherwise leave blank.

30. Enter the number of any non-WIC children that received non-Federal FMNP benefits issuance was to households, the number of families with non-WIC children.

31. Enter the number of elderly as defined by the State who received non-Federal benefits.

32. Enter the number of any non-WIC recipients other than children or elderly who received non-Federal FMNP benefits.

33. Enter the sum of Line 30 through Line 32.

34. Enter the sum of Line 28 and Line 33.

Profile of Vendors.

35. Enter the number of farmers authorized for participation in the FMNP.

36. Enter the number of farmers' markets authorized for participation in the FMNP.

37. If applicable, enter the number of farm or roadside stands authorized for participation in the FMNP in addition to the farmers' markets reported on Line 36.

FMNP Issuance and Redemption Summary.

38. This line is self-explanatory.

39. This line is self-explanatory.

40. This line is self-explanatory.

41. This line is self-explanatory.

42. This line is self-explanatory.

43. This line is self-explanatory.

Part E – Other.

Remarks. Enter any additional information that FNS would need to interpret the information presented in Parts A through D, including any non-Federal funds used to support FMNP food expenditures.

Certification. These entries are self-explanatory.

Submission. The State agency shall submit the FNS-683, FMNP Financial and Program Data Report to the applicable FNS regional office by January 31 of the Federal fiscal year following the report year.