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Submission Studio

Form Name:	FNS-778/778A		
Form Description:	Federal Financial Report		
Program:	SNAP Operational Project		
State:	KY		
Agency Code:	2193501	Agency Name:	KY CABINET FOR HEALTH & FAMILY SVCS
Program Time:	September 2010	Report Time:	December 2010
Submission Type:	Quarterly	Revision:	0
Submission Status:	New Submission		

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10. Status of Funds

1. Certification

2. EBT Issuance

3. Qual. Cntl.

4. Mgt. Eval.

5. Fraud Cntl.

6. ADP Dev.

a. Net outlays previously reported

b. Total outlays this report period

c. Less: Program income credits

d. Net outlays this report period (Line b minus line c)

e. Net outlays to date (Line a plus line d)

f. Less: Non-Federal share of outlays						
g. Total Federal share of outlays (Line e minus line f)						
h. Total unliquidated obligations						
i. Less: Non-Federal share of unliquidated obligations shown on line h						
j. Federal share of unliquidated obligations						
k. Total Federal share of outlays and unliquidated obligations						
l. Total cumulative amount of Federal funds authorized						
m. Unobligated balance of Federal funds						

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10. Status of Funds	11. E&T 100% Grant	12. E&T 50% Grant	13. E&T Dependent Care	14. E&T Trans. & Other	15. E&T ABAWD Grant	16. Optional Workfare
a. Net outlays previously reported						
b. Total outlays this report period						
c. Less: Program income credits						
d. Net outlays this report period (Line b minus line c)						
e. Net outlays to date (Line a plus line d)						

f. Less: Non-Federal share of outlays						
g. Total Federal share of outlays (Line e minus line f)						
h. Total unliquidated obligations						
i. Less: Non-Federal share of unliquidated obligations shown on line h						
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State:	KY	
Agency Code:	2193501	Agency Name: KY CABINET FOR HEALTH & FAMILY SVCS
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10. Status of Funds

21. Issuance Indirect

22. EBT Startup

23. Save

24. 100% State Exchange

25. 75% Indian Administration

26. 50% Unspecified Other

a. Net outlays previously reported

b. Total outlays this report period

c. Less: Program income credits

d. Net outlays this report period (Line b minus line c)

e. Net outlays to date (Line a plus line d)

f. Less: Non-Federal share of outlays						
g. Total Federal share of outlays (Line e minus line f)						
h. Total unliquidated obligations						
i. Less: Non-Federal share of unliquidated obligations shown on line h						
j. Federal share of unliquidated obligations						
k. Total Federal share of outlays and unliquidated obligations						
l. Total cumulative amount of Federal funds authorized						
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10. Status of Funds	31. Benefit Data		
a. Net outlays previously reported			
b. Total outlays this report period			
c. Less: Program income credits			
d. Net outlays this report period (Line b minus line c)			
e. Net outlays to date (Line a plus line d)			
f. Less: Non-Federal share of outlays			
g. Total Federal share of outlays (Line e minus line f)			
h. Total unliquidated obligations			

i. Less: Non-Federal share of unliquidated obligations shown on line h

j. Federal share of unliquidated obligations

k. Total Federal share of outlays and unliquidated obligations

l. Total cumulative amount of Federal funds authorized

m. Unobligated balance of Federal funds



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a. Type of Rate

b. Rate

c. Base

11. Indirect Expense





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	b. Rate	c. Base	d. Total Amount	e. Federal Share
▼				



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Form Name:	FNS-778/778A		
Form Description:	Federal Financial Report		
Program:	SNAP Operational Project Transfer		
State:	KY		
Agency Code:	2193501	Agency Name:	KY CABINET FOR HEALTH & FAMILY SVCS
Program Time:	September 2010	Report Time:	December 2010
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Remarks

Remarks

Remarks

12. Remarks: Attach any explanation deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.



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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	



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