

OMB APPROVED NO. 0584-0594

Expiration Date: 06/30/2017

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 0584-0594. 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 CASH 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) Provisional Predetermined Final 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
	31. ELDERLY
	32. OTHER
	33. TOTAL NON-WIC RECIPIENTS
	34. TOTAL OF WIC AND NON-WIC RECIPIENT (LINE 28 PLUS LINE 33)

- 24. BREASTFEEDING WOMEN
 - 25. POSTPARTUM WOMEN
 - 26. INFANTS
 - 27. CHILDREN
 - 28. TOTAL WIC RECIPIENTS (Line 23 THRU Line 27)
 - 29. HOUSEHOLDS
- Form FNS-683B (01/14) Previous Editions are Obsolete

SBU

Electronic Form Version Designed in Adobe 10 Version

PROFILE OF VENDORS		FMNP ISSUANCE AND REDEMPTION SUMMARY	
35. NUMBER OF AUTHORIZED FARMERS		40. TOTAL VALUE OF COUPONS ISSUED (FEDERAL +	
36. NUMBER OF AUTHORIZED FARMERS' MARKETS		NON-FEDERAL)	

37. NUMBER OF AUTHORIZED FARM OR ROADSIDE STANDS, IF ANY		41. NUMBER OF COUPONS REDEEMED (FEDERAL)	
38. NUMBER OF COUPONS ISSUED (FEDERAL)		42. NUMBER OF COUPONS REDEEMED (NON-FEDERAL)	
39. NUMBER OF COUPONS ISSUED (NON-FEDERAL)		43. TOTAL VALUE OF COUPONS REDEEMED (FEDERAL + NON-FEDERAL)	

PART E - OTHER

REMARKS

CERTIFICATION: 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.	TYPED NAME AND TITLE OF CERTIFYING OFFICIAL	
	SIGNATURE	
	TELEPHONE NUMBER	DATE