

FINANCIAL STATUS REPORT	1. FEDERAL AGENCY & ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED FOOD AND NUTRITION SERVICE, USDA			FEDERAL GRANT OR OTHER NUMBER Letter of Credit No. 12-35-		2. FISCAL YEAR			
	3. RECIPIENT ORGANIZATION (Name and complete address, including Zip code. Also enter assigned State code.)		4. AGENCY DUNS NUMBER	5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER		6. FINAL REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		7. BASIS <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
8. PROJECT/GRANT PERIOD					9. PERIOD COVERED BY THIS REPORT				

PROGRAMS/FUNCTIONS/ACTIVITIES	CHILD AND ADULT CARE PROGRAM				SUMMER PROGRAM				ADVANCES	
	1 MEAL SERVICE	2 SPONSOR ADMIN.	3 AUDIT	4 START-UP & EXPANSION	5 CASH FOR COMMODITIES	6 MEAL SERVICE	7 SPONSOR ADMIN.	8 INSPECTION		9 STATE ADMIN. FUNDS
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										
n. Advances Only										

11. INDIRECT EXPENSE	a. TYPE	b. RATE	c. PERIOD FROM	PERIOD TO	d. BASE	e. AMOUNT CHARGED	f. FEDERAL SHARE
				g. TOTALS			

12. REMARKS: Attach any explanation deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.			13. CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REPORT SUBMITTED	
STAMP DATE	LAST UPDATED BY			NAME		TITLE	
		LAST UPDATE ON				TELEPHONE NO.	
					AREA CODE		NUMBER
					-		

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10. STATUS OF FUNDS	SAE		SCHOOL PROGRAMS				TOTALS			
PROGRAMS/FUNCTIONS/ACTIVITIES	11 SAE	12 SAE (FD ONLY)	13 SPECIAL MILK	14 SCHOOL LUNCH	15 SCHOOL BREAKFAST	16 SCH. CASH FOR COMMOD.	17 SUMMER CASH FOR COMMOD.	18	19	20 (Add Cols. 1-9, 11, 13-17)
a. Net outlays previously reported										
b. Total outlays this report period										
c. Less: Program Income credits										
d. Net outlays this report period <i>(Line b minus line c)</i>										
e. Net outlays to date <i>(Line a plus line d)</i>										
f. Less: Non-Federal share of outlays										
g. Total Federal share of outlays <i>(Line e minus line f)</i>										
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										
Enter amount federal outlays & unpaid obligations for special developmental project funds used or obligated by program. (Amounts included in item k)			SMP	NSLP	SBP	CACFP	SFSP			

11. INDIRECT EXPENSE	a. TYPE	b. RATE	c. PERIOD FROM	PERIOD TO	d. BASE	e. AMOUNT CHARGED	f. FEDERAL SHARE
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STAMP DATE	LAST UPDATED BY	LAST UPDATE ON	TELEPHONE NO.
			AREA CODE NUMBER
			-

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing regulation (34 C.F.R 256) NOTE: When reordering this form specify "FNS-777 Child Nutrition"

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis (0584-0067), Alexandria, VA 22302. Do not return the completed form to this address.