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 equired 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 - HEA	DING			
WHICH REPORT IS	Y AND ORGANIZATIONAL ELEMEN SUBMITTED ION SERVICE, USDA		2. STATE 7-DIGIT AGENCY CODE		3. UNIVERSAL IDENTIFIER NUMBER	
4. STATE AGENCY N	NAME AND ADDRESS	5. BASIS CASH AC			6. REPORT YEAR Revision 0, Closeout Report From To	
PART B - ANALYS	SIS OF REPORT YEAR PROGRA	M ACTIVITY		•	•	
					COST CATEGORY	
			FOOD (A)	ADMIN. (B)	TOTAL (C)	
7 500444 4 0044	TRANSACTION					
7. FORMULA GRANT 8. BACKSPEND TO F						
9. SUBTOTAL (7 PLU						
	S AND UNLIQUIDATED OBLIGATION	NS FOR REPORT YEAR				
11. PROGRAM INCO	DME					
12. NET OUTLAYS A	ND UNLIQUIDATED OBLIGATIONS (	(10 MINUS 11)				
	ARE OF NET OUTLAYS AND UNLIQ					
14. FEDERAL PROG 13)	RAM OUTLAYS AND UNLIQUIDATE	D OBLIGATIONS (12 MINUS				
15. BALANCE (9 MIN	IUS 14)					
16. BACKSPEND FR	OM FOLLOWING YEAR					
17. RESULTS OF RE	PORT YEAR PROGRAM OPERATIO	NS (15 PLUS 16)				
		PART C - STATUS OF (	SRANT AWARD			
	AYS AGAINST THE FORMULA GRAN	NT:				
a. FOR REPORT YEA						
	F PRIOR YEAR (BACKSPENT)					
	OUTLAYS (18a PLUS 18b)	THE FORMULA ORANIT				
19. FEDERAL UNLIG	QUIDATED OBLIGATIONS AGAINST	THE FORMULA GRANT				
20. FEDERAL OUTLA	AYS AND UNLIQUIDATED OBLIGATI	ONS (18c PLUS 19)				
21 FEDERAL FUND	S TO BE RECOVERED (7 MINUS 20)					
ZI. I EDERALI OND	a. TYPE OF RATE (check appropri					
22. INDIRECT EXPENSE	Provisional Predetermine	ixed				
	b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDEF	RAL SHARE	
		PART D - PROGR				
FUNDS	SUPPORTED WITH FEDERAL A	ND NON-FEDERAL	NON-WIC RECIPIENT	'S SUPPORTED BY N	NON-FEDERAL FUNDS	
23. PREGNANT WO	MEN		30. CHILDREN			
			31. ELDERLY			
			32. OTHER	CIDIENTS		
			3. TOTAL NON-WIC RECIPIENTS 4. TOTAL OF WIC AND NON-WIC RECIPIENT (LINE			
			28 PLUS LINE 33)	NON-WIC RECIFIENT	(LIIVL	
24. BREASTFEEDIN	G WOMEN					

- 25. POSTPARTUM WOMEN
- 26. INFANTS
- 27. CHILDREN
- 28. TOTAL WIC RECIPIENTS (Line 23 THRU Line 27)
- 29. HOUSEHOLDS
- Form FNS-683 (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 38. NUMBER OF COUPONS ISSUED (FEDERAL) 39. NUMBER OF COUPONS ISSUED (NON-FEDERAL)	41. NUMBER OF COUPONS RE 42. NUMBER OF COUPONS RE FEDERAL) 43. TOTAL VALUE OF COUPON (FEDERAL + NON- FEDERAL)	DEEMED (NON-				
PART E - OTHER						
REMARKS						
CERTIFICATION: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT TH		TYPED NAME AND TITLE OF CERTIFYING OFFICIAL				
CORRECT AND THAT ALL OUTLAYS AND UNLIQUIDATED OBLIGATION THE PURPOSES SET FORTH IN THE AWARD DOCUMENT.	NS ARE FOR SIGNATURE	SIGNATURE				
	TELEPHONE NUMBER	DATE				