



[Home](#) | [Online Forms](#) | [FNS-648](#) | [Admin.](#) | [Help](#) | [Contact Us](#) | [Sign Out](#)

[Post](#) | [Reject](#) | [Certify](#) | [New Submission](#) | [Expert Search](#) | [Due Date](#) | [Overdue Submission](#)

Submission Studio

Form Name:	SF-425 (10-08)		
Form Description:	Federal Financial Report		
Program:	SNAP Healthy Incentives Pilot		
State:	MA		
Agency Code:	2592901	Agency Name:	MA Department of Transitional Assistance
Program Time:	September 2010	Report Time:	September 2010
Submission Type:	Quarterly	Revision:	0
Submission Status:	New Submission		

[Analyze](#) | [Save](#) | [Edit Check](#) | [Post](#) | [Quit](#)

[Report](#) | [Remarks](#)

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



Home | Online Forms | FNS-648 | Admin. | Help | Contact Us | Sign Out

Post | Reject | Certify | New Submission | Expert Search | Due Date | Overdue Submission

Submission Studio

Form Name:	SF-425 (10-08)		
Form Description:	Federal Financial Report		
Program:	SNAP Healthy Incentives Pilot		
State:	MA		
Agency Code:	2592901	Agency Name:	MA Department of Transitional Assistance
Program Time:	September 2010	Report Time:	September 2010
Submission Type:	Quarterly	Revision:	0
Submission Status:	New Submission		

Analyze

Save

Edit Check

Post

Quit

Report

Remarks

12. Remarks



FY2013	Qtr. 1 (Oct. 12 - Dec. 12)												
	Qtr. 2 (Jan. 13 - Mar. 13)												
	Qtr. 3 (Apr. 13 - Jun. 13)												
	Qtr. 4 (Jul. 13 - Sep. 13)												
FY2014	Qtr. 1 (Oct. 13 - Dec. 13)												
	Qtr. 2 (Jan. 14 - Mar. 14)												
	Qtr. 3 (Apr. 14 - Jun. 14)												
	Qtr. 4 (Jul. 14 - Sep. 14)												
FY2015	Qtr. 1 (Oct. 14 - Dec. 14)												
	Qtr. 2 (Jan. 15 - Mar. 15)												
	Qtr. 3 (Apr. 15 - Jun. 15)												
	Qtr. 4 (Jul. 15 - Sep. 15)												
FY2016	Qtr. 1 (Oct. 15 - Dec. 15)												
	Qtr. 2 (Jan. 16 - Mar. 16)												
	Qtr. 3 (Apr. 16 - Jun. 16)												
	Qtr. 4 (Jul. 16 - Sep. 16)												

			10d - Total Federal Funds Authorized		10e - Federal Share of Expenditures		10f - Federal Share of Unliquidated Obligations	10g - Total Federal Share		10h - Unobligated balance of Federal funds
			Final 10d Total		Final Only	Cumulative	Final Only	Final Only	Cumulative	Cumulative

FINAL