

# Attachment 20-C FPRS Screen Shots

FNS- 667

## Attachment 20- FNS-667 FPRS Screen Shot

Contents Index Search Glossary - Search -

← →

- OMB Forms and Form Instructions
- FBCI
- FNS-10
- FNS-13
- FNS-42
- FNS-44
- FNS-46
- FNS-101
- FNS-152
- FNS-153
- FNS-191
- FNS-203
- FNS-209
- FNS-227 and 227A
- FNS-250
- FNS-259
- FNS-292
- FNS-292A
- FNS-292B
- FNS-366A
- FNS-366B
- FNS-388
- FNS-388A
- FNS-418
- FNS-498
- FNS-583
- FNS-586A
- FNS-586B
- FNS-648
- FNS-654
- FNS-665
- FNS-667
  - Form FNS-667 Instructions (7-08)
  - Form FNS-667 Instructions (2-93)
  - Form FNS-667 Instructions (11-89)

# Form FNS-667 Instructions (7-08)

Click this [link](#) to open the PDF file containing the FNS-667 (7-08) form and instructions in a new window: [FNS-667.pdf](#)

## INSTRUCTIONS

### FNS-667

### PURPOSE

The FNS-667 captures the State agency's outlays and unliquidated obligations for TEFAP storage and distribution costs in total and at the State and local levels. This information is necessary to monitor the State agency's use of its TEFAP grant. It is also needed in order to determine compliance with certain programmatic requirements. These include the State matching requirement (7 CFR 25.19) and the 40 percent pass-through requirement (7 CFR 251.8(d)(2)(h)).

### LINE-BY-LINE INSTRUCTIONS

Block 1 – ID Number. Enter the 7-digit Identification (ID) number assigned by FNS. This number identifies the State agency and its TEFAP grant in the FNS automated reporting system.

Block 2 – State Agency. Enter the name and address of the State Agency.

Block 3 – Final Report. If this is the final report submitted to close out the grant, check "yes." Otherwise, check "no."

Block 4 – Basis. Check the block corresponding to the basis of accounting (cash or accrual) under which the State agency prepared the data entered in the report.

Block 5 – Grant Period. Enter the beginning and ending dates of the Federal fiscal year for which the grant has been awarded.

Block 6 – Period Covered by this Report. Enter the beginning and ending dates of the calendar quarter to which this report pertains.

### BLOCK 7 – STATUS OF FUNDS:

Column I – State Level Costs.

This column is used to report transactions relating to TEFAP State level storage and distribution costs. The State agency identifies such

# Attachment 20- FNS-667 FPRS Screen Shot

Browser: <https://fprs.fns.usda.gov/OnlineForm/SubmissionStudio.aspx>

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## Submission Studio

**Form Name:** FNS-667 (7-08)  
**Form Description:** Report of TEFAP Administrative Costs  
**Program:** TEFAP Supplemental Funding  
**State:** CA  
**Agency Code:** 0692501 **Agency Name:** CA Dept. of Social Services  
**Program Time:** September 2018  
**Submission Type:** Final **Revision:** 1  
**Submission Status:** Certified

Analyze | Reject | Post | Quit | Delete

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### 7. Status of Funds Remarks

7. Status of Funds Transactions	Activities/Functions			
	I - State Level Costs	II - State Paid EFO Costs	III - Local-Paid EFO Costs	IV - Total Cost
a. Net Outlays Previously Reported				
b. Net Outlays This Quarter			300,000	300,000
c. Net Outlays To Date (Sum of lines a and b)			300,000	300,000
State Agency's Share Of Net Outlays, Consisting Of:				
d. Third-Party In-Kind Contributions				
e. Cash Outlays				
f. Total State Agency's Share of Net Outlays (Sum of lines d and e)				
g. Federal Share of Net Outlays (Lines c minus line f)			300,000	300,000
h. Total Unliquidated Obligations				
i. State Agency's Share of Unliquidated Obligations				
j. Federal Share of Unliquidated Obligations (Line h minus line i)				
k. Total Federal Share (Sum of lines g and j)			300,000	300,000
l. Total Federal Funds Authorized			300,000	300,000
m. Unobligated Balance of Federal Funds (Line l minus k)			0	0