

Submission Studio

Form Name:	FNS-647 (7-08)	Agency Name:	AR DEPT OF HUMAN SERVICES
Form Description:	Report of TEFAP Administrative Costs		
Program:	The Emergency Food Assistance Program		
State:	AR		
Agency Code:	0592901	Revision:	1
Program Time:	September 2018		
Submission Type:	Final		
Submission Status:	New Submission		

Analyze

Save

Edit Check

Post

Quit

7. Status of Funds

7. Status of Funds	Activities/Functions			
	Transactions	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				
c. Net Outlays To Date (Sum of lines a and b)				
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)				
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)				
l. Total Federal Funds Authorized				
m. Unobligated Balance of Federal Funds (Line l minus k)				